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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A	For th	ne 2021 calen	dar year, or tax	year begii	nning 7/	01	, 20	21, and	d endin	i g 6/	30	, :	20 2022		
В	Check	if applicable	С								D Employ	er identifi/	ication number	•	
	Ac	dress change	Palenke A	cts							82-	17864	.80		
	H	ame change	1713 Broad		renue						E Telepho	one numbe	er		_
	\vdash	itial return	Seaside, (831	-333-	6612		
	\vdash	ial return/terminated									031		-		
	\vdash	nended return									G Gross r	acainte S	12	5,600.	
	H		F Name and addre	see of princip	al officer =					H(a) Is this	a group retur			es X No	
	∐ At	pplication pending			Jua	an Sanch	nez			1 ' '	subordinates " attach a list		— ·	es No	
_	Tax	exempt status:	Same As C	501(c) (\4 (insert no.)	4947(a)(1	\ or	527	If "No,	" attach a list	. See ınstr	ructions.		
÷		<u> </u>) - (insert no.)	4347(a)(1) 01	J27	LAZ-X CHOUR	exemption n	umbar 🕨			
<u>J</u>			lenkearts.		Τ	X Other ►		1 1/2	of format				gal domicile (CA	_
K		of organization	Corporation	Trust	Association	X Other ►		L Year	or tormat	ion: ZUI	0 141 3	state of let	gar domicile (<u> </u>	
PE	ırt I	Summar	y be the organizat	ion's miss	uan ar mact	cianificant	activities: T	20100	1ro 7	<u> </u>	2 miil	tion1	tural	rtc	_
	1														-
Se	Organization whose mission is to educate, inspire and transform the community of Seaside through the arts													_01	_
Activities & Governance		Seaside through the arts.													-
/en	2	Check this bo	ov 🕨 🗍 if the (raanizatio	on discontini	ied its oner	ations or o			ore than 2	5% of its	net ass			-
õ			oting members o									3		{	8
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ies	5		of individuals e									5			9
ξ	6		of volunteers (6			0
Act			ed business reve									7a		0.	
	b	Net unrelated	d business taxab	le income	from Form	990-T, Part	t, line 11.					7b		0.	
						.,	— ···			F	rior Year		Current		
ø.	8	Contributions	and grants (Pa	rt VIII, line	e 1h)						199,702.			32,718.	
Revenue	9		vice revenue (Pa								5,1	.00	4	12,882.	÷
e e	10		ncome (Part VIII,								_				
ď	11		e (Part VIII, colu								17,6				_
	12		e – add lines 8 t), line	12)		222,5	01.	42	25,600	÷
	13		ımılar amounts p				3)								_
	14	Benefits paid							_						
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Fa Professional fundraising fees (Part IX, column (A), line 11e)									100,9	989.	18	31,253.	÷
Expenses	16 a														
bel	b	Total fundrais				1									
ñ	17		ses (Part IX, colu			-					40,3	333.	9	5,798	-
	18	•	es. Add lines 13				(A), line 25	5)			141,3			77,051	
	19		s expenses. Sub		•						81,1			18,549	
- B									0.00	Beginni	ng of Currer		End of		_
S S	20	Total assets	(Part X, line 16).								104,1			39,450	-
90	21		es (Part X, line 2								14,0			0.	
Net Assets of Fund Balance	22		fund balances.		line 21 from	line 20					90,1		23	39,450.	_
	ert II	Signatur		- Cubi uot										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	÷
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com	plete D	eclaration of prepa	eclare that I have example example that I have example example than officer) is based or	all information	of which prepar	er has any kn	owledge.	3, 4114 10	the best of h	ny unounougo	aa 555	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		
			κ λ :								11/12	/2022			_
Sig	n	Signatu	re of officer				•			Di	ate				_
He	re	Jua	n Sanchez							Exec	utive :	Dir.			
			r print name and title												_
_	-	Print/Type r	preparer's name		Preparer's su	gnature		Da	ite		Check	ıf F	PTIN		_
D-	:	'	e B. Ingrah	nam F7	Horace	B Inco	raham,	EA			self-employ	_	20134184	47	
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Form 990 (2021) 82-1786480 Palenke Arts Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A.... Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . 2 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.... Х 3 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II* Х 4 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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х 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, Х 6 Part I 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........... Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 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 X 9 services? If 'Yes,' complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V. Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI X **b** Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII* Х 11 b c 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. Х 11 c **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*..... Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e 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 Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States?. Х 14b 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. Х 15 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 Χ 16 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 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

The second secon

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

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

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.

complete Schedule G, Part III.

Form 990 (2021)

Form 990 (2021) Palenke Arts Part IV | Checklist of Required Schedules (continued) Yes Nο Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Х column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 and the second s Schedule J. . Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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 Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L, Part I . . . The same of the sa 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* Х 26 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 Х 27 persons? If 'Yes,' complete Schedule L, Part III 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х Yes,' complete Schedule L, Part IV. 28a X **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes," **28c** Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I. Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X and Part V, line 1. 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?... **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 **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. Х 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-9 ments, filed for the calendar year ending with or within the year covered by this return. 2 a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 3 b **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a 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). X 5 a 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . \overline{X} 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a solicit any contributions that were not tax deductible as charitable contributions? b |f 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and $\overline{\mathbf{x}}$ 7 a services provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year.... 7 d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?.... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9 a a Did the sponsoring organization make any taxable distributions under section 4966? **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a 10 b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. 11 a 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.).... 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans in more than one state? ... Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans. 13 c c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? **b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O... 14 b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х 15 excess parachute payment(s) during the year?..... If 'Yes.' see the instructions and file Form 4720, Schedule N. X 16 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. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?.

If 'Yes,' complete Form 6069.

Par	t VI	Governance, Management, and Disclosure. For each 'Yes' response a 'No' response to line 8a, 8b, or 10b below, describe the circumstant Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	to lines ces, pro	s 2 through 7t ocesses, or ch	below, nanges d	ana on	for
500	tion	A. Governing Body and Management					
Sec	uon A	A. Governing Body and management				Yes	No
1 a	If the	the number of voting members of the governing body at the end of the tax year re are material differences in voting rights among members governing body, or if the governing body delegated broad rity to an executive committee or similar committee, explain on Schedule O	1 a		8		
	Did ai	the number of voting members included on line 1a, above, who are independent by officer, director, trustee, or key employee have a family relationship or a business relations in director, trustee, or key employee?	1 b hip with a	ny other	. 2		X
3	of off	e organization delegate control over management duties customarily performed by or under the icers, directors, trustees, or key employees to a management company or other person	ne direct s i?	supervision	3		х
4	since	ne organization make any significant changes to its governing documents the prior Form 990 was filed?			. 4		X
5 6	Did th	ne organization become aware during the year of a significant diversion of the organization have members or stockholders?	•		. 6		X
	mem	be organization have members, stockholders, or other persons who had the power to elect or a bers of the governing body?			7 a		х
t	stock	iny governance decisions of the organization reserved to (or subject to approval by) me holders, or persons other than the governing body?			7 b		X
8	the fo	ne organization contemporaneously document the meetings held or written actions undertaken billowing: governing body?	auring th	e year by	8 a	Х	
k	E ach	committee with authority to act on behalf of the governing body?. ere any officer, director, trustee, or key employee listed in Part VII, Section A, who can	 not he re	ached at the	8 b	X	
	orgar	nization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q. B. Policies (This Section B requests information about policies not requests)			9 I Reveni	je C	X ode.)
360	UOII	B. Foncies (This occitor B requests information about policies not rec	jan oa o	y the moment		Yes	
10 a	Did th	ne organization have local chapters, branches, or affiliates?			10 a		X
	If 'Yes	did the organization have written policies and procedures governing the activities of such chapters, affiliates, ions are consistent with the organization's exempt purposes?		es to ensure their	. 10 b		
		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11 a	Х	<u> </u>
		ibe on Schedule O the process, if any, used by the organization to review this Form 990.	See	Schedule	0		
		ne organization have a written conflict of interest policy? If 'No,' go to line 13			. 12 a	Х	
	to co	officers, directors, or trustees, and key employees required to disclose annually interests that inflicts?			. 12 b		х
	Sche	ne organization regularly and consistently monitor and enforce compliance with the policy? If " dule O how this was done			12 c	i	X
13		ne organization have a written whistleblovier policy? ne organization have a written document retention and destruction policy?	•		14	-	X
14 15	Did th	ne organization have a written document retention and destruction policy: ne process for determining compensation of the following persons include a review and approvens, comparability data, and contemporaneous substantiation of the deliberation and de-	al by indecision?	ependent	17		21
a		organization's CEO, Executive Director, or top management official.			15 a	Х	
ŀ	O the	r officers or key employees of the organization			15 b		Х
	If 'Ye	s' to line 15a or 15b, describe the process on Schedule O. See instructions.					1
	taxat	ne organization invest in, contribute assets to, or participate in a joint venture or similable entity during the year?		ment with a	16 a		Х
ŀ	partio	s,' did the organization follow a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and take steps distributed in the status with respect to such arrangements?	to safegi		16b		<u> </u>
Sec		C. Disclosure			1		
		ne states with which a copy of this Form 990 is required to be filed None					
	Secti	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable able for public inspection. Indicate how you made these available. Check all that apply.		ind 990-T (Section on Schedule O		3)s o	nly)
19	Descri	be on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest public during the tax year. See Schedule 0	oolicy, and	financial statements	available to		
20	State	the name, address, and telephone number of the person who possesses the organization's bo	ooks and	records >			
	Dr	Manny Nunez 1713 Broadway Ave Seaside CA 93955 831-224	-3819				

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

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

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

- 1 a 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, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relate	ed organız	ation	con	npen	sate	d any	y cu	rrent officer, direct	or, or trustee.	
		(C)								
(A) Name and title	(B) Average hours	IS	both dir	ı an o	fficer truste			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Juan Sanchez	40_]								
Executive Dir.	0	<u> </u>						83,958.	0.	0.
(2) Celia Barberena	1									
Director	0	X						0.	0.	0.
(3) Carmen Mexicano	1									
Director	0] X						0.	0.	0.
(4) Alfred Forest	1									
Treasurer	0	X						0.	0.	0.
(5) Daniel Summerhill	1									
Director	0] X					Ĺ	0.	0.	0.
(6) Dr. Manny Nunez	1									
Secretary	0] X						0.	0.	0.
(7) Jenny McAddams	30									
Director	0] X						0.	0.	0.
(8) J.T. Mason	1	1								
President	0	1		Х				0.	0.	0.
(9)										
(10)										
(11)		1		-						
(12)							-			
(13)							_			-
<u>(14)</u>		-								

Part VII Section A. Officers, Directors, Tr	T	Key	Em			es,	and	d Highest Com	pensated Empl	oyees	(contii	nued)
	(B)			•	C) sition	e than		(D)	(E)		(E)	
(A) Name and title	Average hours	box,	, unle	ess pe	erson	than is bot or/trus	h an	(D) Reportable	(E) Reportable	Estim:	(F) ated amo	ount
	per week (list any	\vdash						compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	compe	of other nsation f	from
	hours for related	Individual or director	titut	Officer	y em	phest ploy	me	MISC/1099-NEC)	MISC/1099-NEC)	an	rganızatı d related anızatıon	!
	organiza - tions	ndividual trustee or director	nstitutional trustee	-	Key employee	Highest compensated employee				o.g.	2	•
	below dotted line)	ustee	truste		8	ense						
	l lile)		Ö			8						
(15)	J											
40						-						
<u>(16)</u>												
(17)												
<u>(18)</u>												
(19)	<u> </u>				_							
<u> </u>	1											
(20)												
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(22)												
					_							
(23)												
(24)												
(25) 	 											
1 b Subtotal					L	L	>	83,958.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A						>	0.	0.			0.
d Total (add lines 1b and 1c)							>	83,958.	0.			0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	sted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	า	
from the organization 0											Yes	No
3 Did the organization list any former officer, direct	ctor, truste	e, ke	v er	mplo	ovee	e, or	high	nest compensated	employee			
on line 1a? If 'Yes,' complete Schedule J for suc	ch individu	aĺ								3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportab	le cor	mpe	nsa	tion	and	oth	er compensation	from			
such individual										4		Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	ie compen	satio	n fro	om : Iule	any J fo	unre	late	ed organization or	individual	5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest comper compensation from the organization. Report comper	sated indensation for	epend	dent	cor dar v	ntrad vear	ctors endi	tha	it received more the	nan \$100,000 of ganization's tax year.			
(A)				-	,		· · · · · ·	(B)	,	((C)	
Name and business add	ress							Description of	of services	Compe	nsatio	n
A CONTRACTOR OF THE CONTRACTOR												
2 Total number of independent contractors (including l \$100,000 of compensation from the organization		ited to	tho	se I	isted	abo	ve)	who received more	than			
4100,000 of compensation from the organization	U										000 (2021

Forn	1 990 (2021) Palenke Arts			82-1786480	Page 9
Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to	o any line in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Ue Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e 10,00 f All other contributions, gifts, grants, and similar amounts not included above 1 f 372,73 g Noncash contributions included in lines 1a-1f 1 g 40,00 h Total. Add lines 1a-1f Business Code	18. 00. 382,718.			
Program Service Revenue	2a Performances b Miscellaneous c Sponsorships d e f All other program service revenue g Total. Add lines 2a-2f	21,047. 13,635. 8,200.	\		21,047 13,635 8,200
	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceed Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 b C A Net gain or (loss)	ds			
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses. c Net income or (loss) from fundraising events. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10 a 10 b c Net income or (loss) from sales of inventory	P			
scellaneous Revenue	Business Code	le			

e Total. Add lines 11a-11d

12 Total revenue. See instructions

0.

0.

Part IX Statement of Functional Expenses

Sect	from $501(c)(3)$ and $501(c)(4)$ organizations must com-	·			
	Check if Schedule O contains a r	(A)	(B)	(C)	(D)
Do 1 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22		-		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors, trustees, and key employees	83,958.	71,364.	12,594.	0.
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.	0.	0.	0.
7	Other salaries and wages	82,231.	82,231.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15,064.	13,859.	1,205.	1.00
11	Fees for services (nonemployees):				
a	Management				
b	Legal	501.	451.	50.	
C	: Accounting.	8,970.	8,073.	897.	
c	Lobbying [
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	625.	562.	63.	
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion.	1,317.	1,317.	03.	
13	0"	1,317.	1,517.		A44
14		*-M + M + **			
15	Royalties	40.000	40,000.		
16	Occupancy	40,000.	100.		
17	Travel	100.	100.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			11.11.11.11.11.11	
20	Interest				
21	Payments to affiliates	···			
22	Depreciation, depletion, and amortization	651.	651.		
23	Insurance	6,847.	6,162.	685.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Guest Artistic fees	15,425.	15,425.		
	Grant distributions	10,000.	10,000.		
	Costumes	1,901.	1,901.		
	Event_costs	1,146.	1,146.		
	All other expenses.	8,315.	7,442.	873.	
	Total functional expenses. Add lines 1 through 24e	277,051.	260,684.	16,367.	0.
	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).	,			

Pa	rt X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	103,910.	1	236,844.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ļ	7	Notes and loans receivable, net	<u> </u>	7	
Ø	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation		10 c	2,606.
	11	Investments – publicly traded securities		11	,
	12	Investments – other securities. See Part IV, line 11.		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	250.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	104,160.	16	239,450.
	4-	A		17	
	17	Accounts payable and accrued expenses		18	
	18 19	Grants payable Deferred revenue	·	19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ę	22	Loans and other payables to any current or former officer, director, trustee,			
賣	22	key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	14,036.	25	
	26	Total liabilities. Add lines 17 through 25	14,036.	26	0.
ŝ		Organizations that follow FASB ASC 958, check here ► X			
٥		and complete lines 27, 28, 32, and 33.			
를	27	Net assets without donor restrictions	90,124.	27	239,450.
ä	28	Net assets with donor restrictions		28	
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
þ	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Š	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥	32	Total net assets or fund balances	90,124.	32	239,450.

33 Total liabilities and net assets/fund balances

104,160. 33

Pac	ie i	12

	H 350 (2021) Tatefike Mes			
Pa	rt XI Reconciliation of Net Assets			-
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	4	<u>25,6</u>	<u> 500.</u>
2	Total expenses (must equal Part IX, column (A), line 25).	2	77,0	051.
3	Revenue less expenses. Subtract line 2 from line 1	1	48,5	549.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		90,1	124.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O) See Schedule O 9		7	777.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	2	<u>39,4</u>	<u> 150.</u>
<u>Pa</u>	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.			
2	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		Х
_	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			
		ارما		x
	b Were the organization's financial statements audited by an independent accountant?	2 b		_^
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	<u> </u>		
	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?	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		Х
	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 on Schedule O and describe any steps taken to undergo such audits	3 b		
3A/	TEEA0112L 09/22/21	Form	990	(2021)

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 Inspection

Employer identification number Name of the organization 82-1786480 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 5-1 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (vi) Amount of other (iv) Is the organization listed (i) Name of supported organization support (see instructions) support (see instructions) in your governing document? Yes (A) (B) (C) (D) **(E)**

82-1786480

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the

	organization fails to qualify t	ınder the tests list	ed below, please	complete Part III	.)		
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		4,157.	31,792.	198,805.	382,718	617,472.
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 5	Total. Add lines 1 through 3. 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	0.	4,157.	31,792.	198,805.	382,718	
6	shown on line 11, column (f). Public support. Subtract line 5						617 472
Sec	from line 4 tion B. Total Support				1		617,472.
Cale	ndar year (or fiscal year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	Amounts from line 4	0.	4,157.	31,792.	198,805.	382,718	617,472.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
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.)						0.
11	Total support. Add lines 7 through 10						617,472.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			1:	2 0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here.	on's first, second, t		fth tax year as a	section 501(c)((3) ► X
	tion C. Computation of Pul						
	Public support percentage for 20 Public support percentage from 2			e 11, column (f))		1:	
16a	33-1/3% support test—2021. If the and stop here. The organization	ne organization did qualifies as a pub	d not check the bo licly supported org	x on line 13, and janization	d line 14 is 33-1/3	% or more, ch	
b	33-1/3% support test—2020. If the and stop here. The organization	e organization did qualifies as a pub	not check a box oblicly supported or	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more	e, check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances t	test, check this b	ox and stop here	. Explain in Pa	art VI how 🚐
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-ar I-circumstances te	nd-circumstances i est. The organization	test, check this b on qualifies as a	oox and stop here publicly supporte	. Explain in Pa d organization.	art VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 13	3, 16a, 16b, 17a,	or 17b, check thi	s box and see	instructions -

Par	t III Support Schedule fo	r Organization	ns Described i	n Section 509	(a)(2)	. d D. d. H. I	6.11
	(Complete only if you chee fails to qualify under the to				on failed to quality	under Part II. I	r the organization
Sec	tion A. Public Support	ests listed below,	please complete	rait ii.)			
	lar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts grants contributions.	(4) 2017	(2) 2010		(-)	(-)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	and membership fees received. (Do not include						
_	any 'unusùal grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or		-	-		***	
	facilities furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2	11100000					
	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						
_	for the year		<u> </u>	,,			
۰	Public support. (Subtract line				<u> </u>		-
0	7c from line 6.)						
	tion B. Total Support				T		
	dar year (or fiscal year beginning in) 🟲	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable						-
U	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	-			<u>.</u>		
_	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		No. 100 AV				
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9,						
14	10c, 11, and 12.) First 5 years. If the Form 990 is	for the organizati	on's first, second	third, fourth, or f	I fifth tax year as a	section 501(c)(3)
	organization, check this box and	stop here					▶
	tion C. Computation of Pu			10 (0			- 0
	Public support percentage for 20))	1	
	Public support percentage from					10	6
Sec	tion D. Computation of Inv				- (0)		7 %
17	Investment income percentage					. 1	
18	Investment income percentage				15	18	
19a	33-1/3% support tests—2021. If is not more than 33-1/3%, checl	the organization of this box and ste	did not check the op here. The organ	box on line 14, ai nization qualifies	na line 15 is more as a publicly supp	tnan 33-1/3%, orted organizat	and line 17
b	33-1/3% support tests-2020. If	the organization of	did not check a bo	x on line 14 or li	ne 19a, and line 1	6 is more than	33-1/3%, and
-	line 18 is not more than 33-1/39	6, check this box	and stop here. Th	ne organizat on qu	ualifies as a public	ly supported or	ganization 🏲 📋

Part IV Supporting Organizations

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		res	NO
•	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
i	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3 c		
4	a 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		
ļ	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4 c		
5	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
١	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?	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 filling organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		A section to the section of the sect
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		
9	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
I	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 Part VI.	9b		
1	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 Part VI.	9с		
10	a 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.)	10b		

Sche		4 (Form 990) 202		0	F	age 5
Par	t IV	Supporting (Organizations (continued)		1	1
11	Has t	he organization :	accepted a gift or contribution from any of the following persons?		Yes	No
	A per	son who directly o	or indirectly controls, either alone or together with persons described on lines 11b and 11c below, a supported organization?	11a		
۲	•	,	person described on line 11a above?	11b		
		•	a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
			porting Organizations			·
		, po . oup	PO. (1.1.)		Yes	No
1	or mo office organ than were	ore supported orgers, directors, or to crization(s) effectione supported or	dy, members of the governing body, officers acting in their official capacity, or membership of one ganizations have the power to regularly appoint or elect at least a majority of the organization's trustees at all times during the tax year? If 'No,' describe in Part VI how the supported evely operated, supervised, or controlled the organization's activities. If the organization had more organization, describe how the powers to appoint and/or remove officers, directors, or trustees of the supported organizations and what conditions or restrictions, if any, applied to such powers	1		
2	that o	operated, supervi	operate for the benefit of any supported organization other than the supported organization(s) ised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such a purposes of the supported organization(s) that operated, supervised, or controlled the on.	2		Albert Amountary
Sec	tion (C. Type II Sup	oporting Organizations			
					Yes	No
1	of ea	ch of the organiz	organization's directors or trustees during the tax year also a majority of the directors or trustees ration's supported organization(s)? If 'No,' describe in Part VI how control or management of the on was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III	Supporting Organizations			
1	orgar year,	nization's tax yea (ii) a copy of the	provide to each of its supported organizations, by the last day of the fifth month of the ir, (i) a written notice describing the type and amount of support provided during the prior tax is Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were	any of the organ	nization's officers, directors, or trustees either (i) appointed or elected by the supported serving on the governing body of a supported organization? If 'No,' explain in Part VI how trained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	in the organizati	inship described on line 2, above, did the organization's supported organizations have a significant ion's investment policies and in directing the use of the organization's income or assets at ix year? If 'Yes,' describe in Part VI the role the organization's supported organizations played	3		
Sec	tion l	E. Type III Fur	nctionally Integrated Supporting Organizations			
1 a b	ı □ ⊤ • □ ⊤	The organization s The organization i	the method that the organization used to satisfy the Integral Part Test during the year (see instructions). satisfied the Activities Test. Complete line 2 below. Is the parent of each of its supported organizations. Complete line 3 below. supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instri	uction	s).
2	Activ	ities Test. <i>Answe</i>	er lines 2a and 2b below.		Yes	No
a	suppo orgai respo	orted organization(nizations and exi	f the organization's activities during the tax year directly further the exempt purposes of the (s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported plain how these activities directly furthered their exempt purposes, how the organization was upported organizations, and how the organization determined that these activities constituted activities.	2a		
ŀ	more reaso	of the organizati ons for the organi	cribed on line 2a, above, constitute activities that, but for the organization's involvement, one or ion's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the ization's position that its supported organization(s) would have engaged in these activities on's involvement.	2b		
3	Parer	nt of Supported C	Organizations. Answer lines 3a and 3b below.			
_			nave the power to regularly appoint or elect a majority of the officers, directors, or trustees of organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
t	Did th	ne organization exe orted organization	ercise a substantial degree of direction over the policies, programs, and activities of each of its ns? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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Sche	edule A (Form 990) 2021 Palenke Arts			86480	Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov 20, 1970 (explain in t complete Sections A	n Part VI) Se through E.	e
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
k	Average monthly cash balances	1b			
-	Fair market value of other non-exempt-use assets	1c			
C	i Total (add lines 1a, 1b, and 1c)	1d			
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	- 40000		
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		<u> </u>	
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally inte	egrated	Type III supporting or	ganızatıon	

(see instructions). Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(a)			Current Year
1 Amounts paid to supported organizations to accomplish exem	npt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purp in excess of income from activity	poses of supported organization	ns, 2	
3 Administrative expenses paid to accomplish exempt purposes	s of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4		
5 Qualified set-aside amounts (prior IRS approval required − pi	rovide 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 organic Part VI). See instructions.	anization is responsive (provid	e details 8	
9 Distributable amount for 2021 from Section C, line 6		9	
Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions	s) (i) Excess	(ii) Underdistributions	(iii) Distributable

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.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
C From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g 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:			
a Applied to underdistributions of prior years			
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. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result 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:			
a Excess from 2017			
b Excess from 2018 .			
c Excess from 2019			
d Excess from 2020.			
e Excess from 2021.			<u> </u>

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Schedule A (Form 990) 2021

Part VI

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

SCHEDULE 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.

Attach to Form 990.

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

OMB No 1545-0047 2021

Department of the Treasury Internal Revenue Service Name of the organization Palenke Arts

Open to Public Inspection

Employer identification number

			82-1786480
Par	Organizations Maintaining Dono	r Advised Funds or Other Similar Fi	unds or Accounts.
	Complete if the organization ansi	wered 'Yes' on Form 990, Part IV, lın	ne 6.
		(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 doi are the organization's property, subject to the	nor advisors in writing that the assets held in organization's exclusive legal control?	donor advised funds
6	Did the organization inform all grantees, dono	-	unds can be used only
·	for charitable purposes and not for the benefit	of the donor or donor advisor, or for any oth	er purpose conferring Yes No
Par			_
		wered 'Yes' on Form 990, Part IV, Iir	ne /
1	Purpose(s) of conservation easements held by	_	
	Preservation of land for public use (for exam	· · · L_I	ation of a historically important land area
	Protection of natural habitat	Preserva	ation of a certified historic structure
	Preservation of open space		for the second and the
2	Complete lines 2a through 2d if the organization last day of the tax year.	neld a qualified conservation contribution in the f	orm of a conservation easement on the
	last day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2 a
	Total acreage restricted by conservation ease	ments	2 b
	: Number of conservation easements on a certi		2 c
	Number of conservation easements included i		toric
•		······	2 d
3	Number of conservation easements modified, trait tax year ►	nsferred, released, extinguished, or terminated by	y the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re	garding the periodic monitoring, inspection, h	nandling of violations,
	and enforcement of the conservation easeme	nts it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring,		
7	Amount of expenses incurred in monitoring, inspired ►\$	ecting, handling of violations, and enforcing cons	ervation easements during the year
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?.		
9	In Part XIII, describe how the organization rejinclude, if applicable, the text of the footnote conservation easements.	ports conservation easements in its revenue a to the organization's financial statements tha	and expense statement and balance sheet, and t describes the organization's accounting for
Pai	+ III Organizations Maintaining Colle	ections of Art, Historical Treasures, owered 'Yes' on Form 990, Part IV, lir	or Other Similar Assets. ne 8.
1	If the organization elected, as permitted unde	r FASR ASC 958, not to report in its revenue	statement and balance sheet works of art.
	historical treasures, or other similar assets he Part XIII the text of the footnote to its financial	eld for public exhibition, education, or researce al statements that describes these items.	n in furtherance of public service, provide iii
ļ	If the organization elected, as permitted under historical treasures, or other similar assets held f following amounts relating to these items:	or public exhibition, education, or research in fur	tement and balance sheet works of art, therance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, amounts required to be reported under FASB	historical treasures, or other similar assets for fir ASC 958 relating to these items:	
;	Revenue included on Form 990, Part VIII, line	÷ 1	► \$
	Assets included in Form 990, Part X		▶\$

Schedule D (Form 990) 2021 Paler Part III Organizations Mainta	nke Arts	ctions of	Art Histo	vical	Treasures or		786480	Page 2
					-			
3 Using the organization's acquisition items (check all that apply)	n, accession, an	d other rec				ake significant use o	f its collection	I
a Public exhibition			-	or excr	nange program			
b Scholarly research			e Other					
c Preservation for future general Provide a description of the organization		one and evr	alain how they	, furtha	r the organization's	evemnt nurnose in		
Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather t	han to be mair	receive doi ntained as	part of the o	t, nisto rganiz	ation's collection?	r other similar asse	Yes	No
Part IV Escrow and Custodia line 9, or reported an	al Arrangem amount on l	ents. Co Form 99	mplete if t 0, Part X,	the or Tine 2	ganization ans 21.	swered 'Yes' on	Form 990	, Part IV,
1 a is the organization an agent, true on Form 990, Part X?						er assets not includ	ed Yes	□No
b If 'Yes,' explain the arrangement			te the follow:					□•
b it les, explain the arrangement	tiisi ait Xiii ai	ia compici	te the followi	ng tab			Amount	
. Danisan halanaa						1c	Amount	
c Beginning balance	• •					1 d		
d Additions during the year.		• •			,, ,,,			
e Distributions during the year								
f Ending balance				_		1f		
2 a Did the organization include an a							Yes	No
b If 'Yes,' explain the arrangement	t in Part XIII. C	heck here	if the explar	nation	has been provide	d on Part XIII		
								<u>.</u>
Part V Endowment Funds. C	complete if t	he orgar	nization an	swere	ed 'Yes' on Fo	rm 990, Part IV	, line 10.	
	(a) Current y		(b) Prior year		(c) Two years back			our years back
1 a Beginning of year balance								_
b Contributions								
c Net investment earnings, gains,	.,,,							
and losses								
d Grants or scholarships								
Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentag	e of the curren	it year ∈nc	l balance (lin	ne 1g, d	column (a)) held a	as:		
a Board designated or quasi-endowm	nent ►		%					
b Permanent endowment ►	- %							
c Term endowment ►	%							
The percentages on lines 2a, 2b, a	nd 2c should ea	ual 100%						
,								
3a Are there endowment funds not in	the possession	of the orga	nization that a	are held	d and administered	for the		Yes No
organization by:							2-0	165 110
•							<u> </u>	
()	• •				- J. J. D3		3a(ii)	
b If 'Yes' on line 3a(ii), are the rela							3b	
4 Describe in Part XIII the intender			n's endowme	ent fun	ds.			
Part VI Land, Buildings, and								
Complete if the organ	ization ansv	vered 'Ye	es' on Forr	m 990), Part IV, line	11a. See Form	. 990, Part	X, line 10.
Description of property	(other basis		Cost or other asis (other)	(c) Accumulated depreciation	(d) B	ook value
1 a Land						· · · · · · · · · · · · · · · · · · ·		
b Buildings		·	A*** **** ***					
c Leasehold improvements	· · · · · · · · · · · · · · ·							
. –					2 257	e E	1	2 606
					3,257.	65	T -	2,606.
Total. Add lines 1a through 1e. (Colum	4.	ual Farm (200 Bart V	001::	(P) line 10e \		>	2 (0)
	iii (u) inust eq	uai FOIII S	73U, Γάπ Λ, (column	i (b), iiile 10c.)		chedule D (Fo	2,606.
BAA						30	יווכעעול ע (10)	1111 <i>330)</i> 2021

Part VII Investments – Other Securities.		N/A	
Complete if the organization answered	L'Yes' on Form 990		90. Part X. line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
	(b) Dook value	(C) Method of Valdation. Cost of Sild of	Joan Market Value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			*
(C)			
(D)		· · · · · · · · · · · · · · · · · · ·	
(E)	-total		
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	1	37.73	
Part VIII Investments — Program Related. Complete if the organization answered	l 'Yes' on Form 990	N/A N Part IV line 11c See Form 9	90 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book Talao	(b) method of railadient oost of one	
(1)			
(2)			
(3)			
(4) (5)			100007
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets	N/A		
Complete if the organization answered	i 'Yes' on Form 990), Part IV, line 11d. See Form 9	90, Part X, line 15
	scription		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	le or 11f. See Form 990, Part X, line 25.	400
**	iption of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			****
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	L. 19. L. 1		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization's fi		liability for uncertain
tax positions under FASB ASC 740. Check here if the text of the footnote ha	s been provided in Part XIII		

Schedule B (Form 550) 2521 Talenke Ales	02 1700100
Part XI Reconciliation of Revenue per Audited Financial Statements With Rev	
Complete if the organization answered 'Yes' on Form 990, Part IV, line	12a.
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Ex	penses per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line	
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:	
a Donated services and use of facilities	
b Prior year adjustments 2b	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
• / too iii too ta aita ta	4с
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
Part XIII Supplemental Information.	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

Types of Property Check if applicable Number of contributions or items contribution amounts reported on Form 990, Part VIII, line 1g Noncash contribution amounts reported on Form 990, Part VIII, line 1g Noncash contribution amounts reported on Form 990, Part VIII, line 1g Noncash contribution amounts reported on Form 990, Part VIII, line 1g Noncash contribution 1g Noncash contribution 1g Noncash contribution 2g Part VIII, line 1g Noncash contribution 2g Noncash contribution 2g Part VIII, line 1g Noncash contribution 2g Noncash contribution 2g Part VIII, line 1g Noncash contribution 2g Noncash contribution 2g Part VIII, line 1g Noncash contribution 2g Noncash contribution 2g Noncash contribution 2g Part VIII, line 1g Noncash contribution 2g Noncash contribution	eterminir	
Check if applicable on the property of thems contributions or soften son tributed on Form 990. Part VIII, line 1g 1 Art — Works of art. 2 Art — Historical treasures. 3 Art — Fractional interests. 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes. 8 Intellectual property. 9 Securities — Publicly traded. 10 Securities — Partnership, LLC, or trust interests 12 Securities — Miscellaneous. 13 Qualified conservation contribution — Historic structures. 14 Qualified conservation contribution — Other. 15 Real estate — Residential. 16 Real estate — Commercial. 17 Real estate — Other 18 Collectibles. 19 Food inventory 20 Drugs and medical supplies 11 Taxidermy Method of denorization announts reported on Form 990. Part VIII, line 1g Method of denorization announts reported on Form 990. Part VIII, line 1g Method of denorization announts reported on Form 990. Part VIII, line 1g Method of denorization entributed on Form 990. Part VIII, line 1g Method of denorization entributed on Form 990. Part VIII, line 1g Method of denorization entributed on Form 990. Part VIII, line 1g Method of denorization entributed on Form 990. Part VIII, line 1g Method on Form 990. Part VIII, line 1g Method of denorization entributed on Form 990. Part VIII, line 1g Method on Form 990. Part VIII, line 1g	eterminir	
2 Art - Historical treasures 3 3 Art - Fractional interests 4 4 Books and publications 5 5 Clothing and household goods 6 6 Cars and other vehicles 7 7 Boats and planes 8 8 Intellectual property 9 9 Securities - Publicly traded 9 10 Securities - Closely held stock 9 11 Securities - Partnership, LLC, or trust interests 9 12 Securities - Miscellaneous 9 13 Qualified conservation contribution - Historic structures 9 14 Qualified conservation contribution - Other 9 15 Real estate - Residential 9 16 Real estate - Commercial 9 17 Real estate - Other 9 18 Collectibles 9 19 Food inventory 9 20 Drugs and medical supplies 9 21 Taxidermy 1	ution am	ng Iounts
3 Art - Fractional interests. 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes. 8 Intellectual property. 9 Securities - Publicity traded. 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous. 13 Qualified conservation contribution - Historic structures. 14 Qualified conservation contribution - Other. 15 Real estate - Residential. 16 Real estate - Commercial. 17 Real estate - Other 18 Collectibles. 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy		
4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property. 9 Securities — Publicly traded. 10 Securities — Partnership, LLC, or trust interests 11 Securities — Partnership, LLC, or trust interests 12 Securities — Miscellaneous. 13 Qualified conservation contribution — Historic structures. 14 Qualified conservation contribution — Other. 15 Real estate — Residential. 16 Real estate — Commercial. 17 Real estate — Other 18 Collectibles. 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy		
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes		
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property. 9 Securities – Publicly traded 10 Securities – Closely held stock 11 Securities – Partnership, LLC, or trust interests 12 Securities – Miscellaneous. 13 Qualified conservation contribution – Historic structures. 14 Qualified conservation contribution – Other. 15 Real estate – Residential. 16 Real estate – Commercial. 17 Real estate – Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy		
7 Boats and planes		
8 Intellectual property		
9 Securities — Publicly traded		
9 Securities — Publicly traded		
10 Securities — Closely held stock 11 Securities — Partnership, LLC, or trust interests 12 Securities — Miscellaneous		
Securities — Partnership, LLC, or trust interests Securities — Miscellaneous		
13 Qualified conservation contribution — Historic structures		
Historic structures		
14 Qualified conservation contribution — Other. 15 Real estate — Residential 16 Real estate — Commercial 17 Real estate — Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy		
15 Real estate — Residential		
16 Real estate — Commercial		-
17 Real estate — Other		
18 Collectibles		
19 Food inventory		
20 Drugs and medical supplies	,	
21 Taxidermy		
23 Scientific specimens		
24 Archeological artifacts		
01101 ,	-	
27 Other () 28 Other ()		
0000		
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement		
	Yes	No
		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must 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?		Х
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		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		Х
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.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, cclumn (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047 2021

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest info mation.

82-1786480 Palenke Arts

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 other documents available to the public.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Canceled check from prior period	\$ 126.
Depreciation for current year	651.
Total	777.

Executive director compensation.

The Board committee researched final compensation and the Board voted on the compensation plan.

STATE OF CALIFORNIA

RRF-1 (Rev 02/2021)

MAIL TO: Registry of Charitable Trusts P O Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities



ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

			Check if.			
PALENKE ARTS			Change of	address		
Name of Organization			Amended			
List all DBAs and names the organization uses or	has used					
1713 BROADWAY AVENUE			State Charity	Registration Number CT0270717		
Address (Number and Street)						
SEASIDE, CA 93955 City or Town, State, and ZIP Code			Corporation o	r Organization No. 4224656		
831-333-6612 Telephone Number	E-mail Ac	ddress	Federal Empl	oyer ID No. 82-1786480		
'	TRATION	RENEWAL FEE SCHEDULE (11 Ca				
		Make Check Payable to Depart	lment of Justic	e		
Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fe	<u>ee</u>
Less than \$50,000	\$25	Between \$250,001 and \$1 million	•			
Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$50 \$75	Between \$1,000,001 and \$5 mil Between \$5,000,001 and \$20 m		1		,000
PART A – ACTIVITIES	T	1	, , , ,	<u> </u>	-	
	ınting per	iod (beginning 7/01/21	ending	6/30/22) list:		
Total Revenue \$						
	(including noncash contributions) 425,600. Noncash Contributions \$ 0. Total Assets \$ 239,450.					
Program Expens	ses \$	0.	Total Expense	s \$ 277,051.		
PART B – STATEMENTS REC	GARDIN	G ORGANIZATION DURIN	G THE PERI	OD OF THIS REPORT		
Note: All guestions must be answer	ed. If you	answer "yes" to any of the ques	tions below, yo	ou must attach a separate page		
				structions for information required.	Yes	No
1 During this reporting period, were officer, director or trustee thereof, either	there any r directly o	contracts, loans, leases or other financia or with an entity in which any suc	I transactions bet h officer, director	ween the organization and any or trustee had any financial interest?		X
2 During this reporting period, was t	here any t	theft, embezzlement, diversion or	misuse of the	organization's charitable property or funds?		X
3 During this reporting period, were	any organ	nization funds used to pay any pe	nalty, fine or ju	udgment?		X
4 During this reporting period, were coventurer used?	the servic	es of a commercial fundraiser, fundra	ising counsel f	or charitable purposes, or commercial		X
5 During this reporting period, did th	e organiza	ation receive any governmental f	unding?			X
6 During this reporting period, did th	e organiza	ation hold a raffle for charitable p	ourposes?			X
7 Does the organization conduct a v	ehicle dor	nation program?				X
Did the organization conduct an in generally accepted accounting prii	dependen nciples for	it audit and prepare audited finar this reporting period?	ncıal statement	s in accordance with		X
9 At the end of this reporting period	, did the o	organization hold restricted net assets	, while reporting	ng negative unrestricted net assets?		X
I declare under penalty of perjury the and belief, the content is true, corre	at I have o	examined this report, including a	accompanying ign.	documents, and to the best of my kn	owled	ge
				11/12/2022		
Signature of Authorized Agent		AN SANCHEZ	EXECUTIV	E DIR. 11/12/2022		
Oignature of Authorized Agent		- · · - · · · · · · · · · · · · · · · ·		500		

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

► 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

OMB No 1545-0047 2021

Open to Public Inspection

	Familia 0				mine 7 /01				30		20 2022				
A For the 2021 calendar year, or tax year beginning 7/01 , 2021, and ending 6/30 , 20 20 22											_				
В	Check if applicable														
	Address	change	Palenke A		82-1786480										
	Name c	hange	1713 Broa		E Telephone number 831-333-6612										
	Initial re	eturn	Seaside,												
	\vdash	rn/terminated													
	\vdash	ed return							G Gross re	ceipts \$	425,600				
	\vdash	tion pending	F Name and addr	ess of princing	ol officer. Juan Sa	- ah a =		H(a) Is this	a group return			_			
	☐ Applica	uon penaing	Como 3 - C	7. h c	Juan Sa	ncnez					— H				
		.1 .1.1	Same As C		\ d (4047/5\/1\ ==	F07	If "No,	l subordinates " attach a list.	See insti	ructions 🗀 🗀				
<u> </u>	Tax-exem	•	X 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	527								
J	Website	e: ► pa	lenkearts	.com					exemption nu			_			
K	Form of or	rganization	Corporation	Trust	Association X Other	► L	Year of format	ion 201	8 M s	tate of le	gal domicile. CA	_			
Pa	rt I	Summar	у												
<u></u>	1 Brie	efly descri	be the organiza									_			
4.	Organization whose mission is to educate inspire and transform the community of														
2															
i a	Seaside through the arts. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2021 (Part V, line 2a). Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), IRECALVED. 7a														
Ver	2 Che	ck this bo	ox ► If the	ore than 2	25% of its i	net ass	sets.	_							
Ĝ					rning body (Part VI				.	3		8			
≪ಶ					s of the governing		e 1b)			4		8			
ies					n calendar year 202					5		9			
₹	6 Tota	al number	of volunteers (estimate if	necessary)				.	6		0			
₹	7a Tota	al unrelat	ed business rev	enue from	Part VIII, column (0), IRECEIVED) 			7a	0				
_	b Net	unrelated	d business taxal	ole income	from Form 99Atto	rney General's	s Office			7b	0				
				****				F	Prior Year		Current Year				
	8 Cor	ntributions	and grants (Pa	art VIII, line	: 1h)	JAN 30 202)2		199,7	02.	382,718				
ne			vice revenue (P			JAN JU ZUZ	_ _		5,1		42,882				
Revenue	10 Inve	estment u	ncome (Part VII	L. cotumn (A). lines 3, 4, and 7	⁷ d)									
æ	11 Oth	er reveni	ie (Part VIII col	nes 5, 6d, 8 Regis	s	17,6	99.								
_	12 Tota	al revenue	e – add lines 8	through 11	(must equal Part \		222,5		425,600						
					IX, column (A), line			_							
	I .						., .	·		-+					
					X, column (A), line		100 0	101 252							
ø.	15 Sal				e benefits (Part IX,		100,9	181,253	•						
Expenses	16a Pro	fessional	fundraising fee	s (Part IX,											
Del	b Tot	al fundrai	sing expenses (Part IX. co			- 1								
X	17 046		lumn (A), li		40,3	33	95,798								
					141,3		277,051								
				•	equal Part IX, colu			<u> </u>			148,549.				
		venue les	s expenses. Sul	otract line	18 from line 12				81,1		End of Year	÷			
ò				_				Beginni	ng of Curren		239,450				
a ce	20 Tot		assets (Part X, line 16)							104,160.					
40	21 Tot	al liabilitie	abilities (Part X, line 26)						14,036.		0	÷			
Net Assets or Fund Balances	22 Net	t assets o	r fund balances	. Subtract I	ine 21 from line 20				90,1	24.	239,450	<u>.</u>			
			re Block				-	 -							
	or popolition of	of parametric 1 of	eclate that I have ov	amined this ret	urn including accompany	ing schedules and state	ments, and to	the best of r	ny knowledae	and belie	ef, it is true, correct, and				
com	er penaities d plete. Declara	ation of prep	arer (other than offici	er) is based on	urn, including accompany all information of which p	reparer has any knowle	edge.	. 222. 07.	,go			_			
_			S.												
C:		Signati	are of officer		.			D	ate						
Sig			1		Fvac	utive I)ir								
He	ere		n Sanchez				 .	Exec	ucive 1	<u>/ + </u>					
		1	<u> </u>	: 	16		Date		Ta T	7, 1	PTIN				
		1	preparer's name		Preparer's signature	_			Check	ا "لـ					
Pa	id	Horac			Horace B. 1	ngraham, E <i>F</i>	<u>A [</u>		self-employe	ed]	P01341847				
	eparer	Firm's nam	e Ingra	ham & A	ssociates										
Use Only		Firm's addi							Firm's EIN ► 824229909						
		Salinas, CA 93901						_	Phone no.	831-	-422-6261				
Ma	v the IRS	discuss this return with the preparer shown above? See instructions									X Yes No				

May the IRS discuss this return with the preparer shown above? See instructions

Page 3 Form 990 (2021) Palenke Arts 82-1786480 Part IV Checklist of Required Schedules No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х for public office? If 'Yes,' complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election Х 4 in effect during the tax year? If 'Yes,' complete Schedule C, Part II. 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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III X 5 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, 6 X 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 complete Schedule D. Part III. 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.... Х 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V. Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Х D. Part VI the second of th 11 a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х 11 b c 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.... X 11 c 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 X in Part X, line 16? If 'Yes,' complete Schedule D, Part IX . 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.... 11 e 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 ... Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12 h X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 Х 14b 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. Х 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 ... Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

Part IV Checklist of Required Schedules (continued) Yes No 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 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Х 24a **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 240 any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?...... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 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 Х 25b Schedule L, Part l 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 Χ 26 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 Х persons? If 'Yes,' complete Schedule L, Part III 27 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 28a 'Yes.' complete Schedule L, Part IV **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV. Х 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes, complete Schedule L, Part IV Х 280 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Х 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Х 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I....... 33 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 X X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?...... 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b **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...* . . . Χ 36 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Х Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. 1 a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Part V

Yes No 2 a 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 9 X 2 b h 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. X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 3 b b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4 a 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)?. Х Δa 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) X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?. 5 b 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?... 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6h not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7 a 7 b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c Form 8282?. d If 'Yes.' indicate the number of Forms 8282 filed during the year... Х 7 e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 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 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year? ... Sponsoring organizations maintaining donor advised funds. a 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? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a 10 b 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. . . 11 a **b** Gross income from other sources. (Do not net amounts due or paid to other sources 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a **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. 13 a a is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand X 14 a 14a Did the organization receive any payments for indoor tanning services during the tax year?... b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х 15 excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N. Х 16 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. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If 'Yes,' complete Form 6069.

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 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 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X X **6** Did the organization have members or stockholders?.... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?. 8 a Х **b** Each committee with authority to act on behalf of the governing body? X 8 b 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 on Schedule Q..... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X **10 a** Did the organization have local chapters, branches, or affiliates? 10 a b 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... X 11 a **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. X 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done 12 c Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? X 14 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 X 15 a **b** Other officers or key employees of the organization 15_b Χ 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 X taxable entity during the year? 16 a 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?. **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed None__ Section 6104 requires an organization to make its Forms 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. Upon request Another's website Own website Other (explain on Schedule O) Describe on 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. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Dr Manny Nunez 1713 Broadway Ave Seaside CA 93955 831-224-3819

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.

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

- 1 a 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 employees.'
- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relate	ed organız	ation	con	nper	ısate	ed ar y	y cu	irrent officer, direct	or, or trustee.		
	}			(C))				-		
(A) Name and title	(B) Average hours per	director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations	
(1) Juan Sanchez	40										
Executive Dir.	0	<u> </u>						83,958.	0.	0.	
(2) Celia Barberena	1					1					
Director	0	X			_			0.	0.	0.	
(3) Carmen Mexicano	1										
Director	0	X						0.	0.	0.	
_(4) Alfred Forest	1										
Treasurer	0	Х						0.	0.	0.	
_(5) Daniel Summerhill	1		}						_		
Director	0	X				<u> </u>	lacksquare	0.	0.	0.	
(6) Dr. Manny Nunez	11_	1							_	_	
Secretary	0	X	ļ					0.	0.	0.	
_(7) Jenny McAddams	_ 30 _								_		
Director	0	X			_	<u> </u>	L	0.	0.	0.	
_(8) J.T. Mason	1	1							_		
President	0	<u> </u>		Х		<u> </u>	<u> </u>	0.	0.	0.	
		ł									
(10)		-			<u> </u>						
(11)		 					-				
(12)											
(13)											
(14)		-									

Part VII Section A. Officers, Directors, Tru	ıstees, l	Key	Em	ple	oye	es,	and	d Highest Com	pensated Emp	oyees	(continued)	
	(B)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
(A) Name and title	Average hours per						h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount		
	week (list any						<u> </u>	the organization (W-2/1099-	related organizations (W-2/1099-	comper	fother isation from ganization	
	hours for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	and	related nizations	
	organiza - tions	्ट्र व्य	onal		ploy	le com	·					
	below dotted	ustec	trust		8	pens						
	line)	`	용			ře						
(15)												
(10)	<u> </u>	-								****		
(16)												
(17)												
		ļ				<u> </u>						
(18)	 											
(19)												
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(21)										c		
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(22)							i					
(23)		1										
(24)						-						
(24)												
(25)												
1 h Cultural		<u> </u>			<u></u>			02.050	0.		0.	
								0.		0.		
d Total (add lines 1b and 1c)		▶ 83,95				>	83,958.	0.	0.			
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation												
from the organization • 0											Yes No	
3 Did the organization list any former officer, direct	tor truste	e ke	av e	mnl	over	or •	hial	hest compensated	emnlovee		103 110	
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ial		,,,b,	oy c	, 01				3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for												
such individual									4	X		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person										. 5	Х	
Section B. Independent Contractors									4100.000 (
Complete this table for your five highest comper compensation from the organization. Report comper	sated indisation for	epen the c	den alen	t co dar	ntra year	end	ng v	with or within the or	ganization's tax year			
(A) Name and business address							Description (B)	(C) Compensation				
2 Total number of independent contractors (including	out not lim	ıted t	o the	ose	liste	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization												
		~ ^								F a 2200	990 (2021)	

		Check if Schedule O contains a response or note to any	line in this Part VII	1		
		Contact of the	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e				
Con	h	Innes 1a-1f 1g 40,000 . Total. Add lines 1a-1f ▶	382,718.			
		Business Code	302,710.			
Program Service Revenue	2 a b c d	Performances Miscellaneous Sponsorships	21,047. 13,635. 8,200.			21,047. 13,635. 8,200.
rogram S		All other program service revenue Total Add lines 2a-2f	42 002			
Δ.	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including dividends, interest, and	42,882.			
	4 5	other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal				
	b	Gross rents 6a Less: rental expenses Rental income or (loss) 6c				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Net rental income or (loss) (i) Securities (ii) Other 7a 7b				
		Gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
her		Less: direct expenses 8b				
δ		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		returns and allowances				
		Net income or (loss) from sales of inventory				
<u>v</u>		Business Code				
Miscellaneous Revenue	11 a b c				A 100 F	
	е	All other revenue. Total. Add lines 11a-11d.				
	12	Total revenue See instructions	425 600 l	∩ I	n	42 882

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 any line in this Part IX (A) Total expenses (D) (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 83,958 71,364 12,594 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)... 0 0 0 0. Other salaries and wages 82,231 82,231 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 15,064 13,859 1,205 11 Fees for services (nonemployees): a Management . . **b** Legal 501 451 50 c Accounting 8,970. 8,073 897. **d** Lobbying e Professional fundraising services. See Part IV, line 17. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 625 63. 562 (A), amount, list line 11g expenses on Schedule ().) 12 Advertising and promotion 1,317. 1.317 13 Office expenses Information technology 15 Royalties Occupancy 40,000. 40,000 Travel . . 17 100 100 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings. Interest Payments to affiliates Depreciation, depletion, and amortization 651 651 23 Insurance 6,847. 685 6,162. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).... a Guest Artistic fees 15,425 15,425 b Grant distributions 10,000 10,000 c Costumes 1,901 1,901 d Event_costs 1,146 1,146 8,315. 873 7,442. e All other expenses 25 Total functional expenses. Add lines 1 through 24e. 277,051. 260,684. 16,367. 0. 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 ► I if following SOP 98-2 (ASC 958-720)

Pa	ırt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	/A>		[]
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	103,910.	1	236,844.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Ø	8	Inventories for sale or use		8	***** ***
Assets	1 ~	Prepaid expenses and deferred charges		9	
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3, 257.			
	l	Less: accumulated depreciation 10b 651.		10 c	2,606.
		Investments — publicly traded securities		11	
	ı	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
		Intangible assets		14	
		Other assets. See Part IV, line 11	250.	15	
	ı	Total assets. Add lines 1 through 15 (must equal line 33)	104,160.	16	239,450.
				1-	
		Accounts payable and accrued expenses		17	***
	18	Grants payable Deferred revenue		19	- Part Mark
	19	•		20	
(D				21	
<u>ĕ</u> .	21				
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	i .	Secured mortgages and notes payable to unrelated third parties		23	
	. — -	Unsecured notes and loans payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,036.	25	
	26	Total liabilities. Add lines 17 through 25	14,036.	26	0.
Ġ		Organizations that follow FASB ASC 958, check here ► X			
월		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	90,124.	27	239,450.
ã	28	Net assets with donor restrictions.		28	
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
þ	29	Capital stock or trust principal, or current funds		29	
ş	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
88	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ä	32	Total net assets or fund balances	90,124.	32	239,450.

33 Total liabilities and net assets/fund balances...

104,160. 33

OH	m 330 (2021) Falelike ALCS	2 1/00400		, α	90
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	25,6	<u> </u>
2	Total expenses (must equal Part IX, column (A), line 25).	2	2	77,0)51 <u>.</u>
3	Revenue less expenses. Subtract line 2 from line 1	. 3	1	48,5	549.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		90,1	24.
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O) See Schedule O	9		7	777.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	. 10	2	39,4	150.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u> .	$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revise separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ewed on a			
			ا م		х
	b Were the organization's financial statements audited by an independent accountant?		2 b		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:	arate			
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dıt, 	2 c		
	If the organization changed either its oversigh, process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e 	3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why on Schedule O and describe any steps taken to undergo such audits	audit 	3 b		
3A/			Form	990	(2021)

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 Inspection

Employer identification number Name of the organization 82-1786480 Palenke Arts Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (v) Amount of monetary (iii) Type of organization (described on lines 1-10 above (see instructions)) (vi) Amount of other (iv) Is the organization listed in your governing document? (ii) EIN (i) Name of supported organization support (see instructions) support (see instructions) No Yes (A) (B) (C) (D) (E)

Part II	Support Sched	dule for Organizations	Described in Sections	s 170(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		4,157.	31,792.	198,805.	382,7	18.	617,472.
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	Total. Add lines 1 through 3	0.	4,157.	31,792.	198,805.	382,7	18.	617,472.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0.
6	Public support. Subtract line 5 from line 4							617,472.
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
7	Amounts from line 4	0.	4,157.	31,792.	198,805.	382,7	18.	617,472.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							0.
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.).							0.
11	Total support. Add lines 7 through 10							617,472.
12	Gross receipts from related active	rities, etc. (see ins	structions)			[12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501	(c)(3)	▶ 🗓
	tion C. Computation of Pu					·		
	Public support percentage for 20	• •	•)		14	%
15	Public support percentage from	2020 Schedule A,	Part II, line 14				15	<u>%</u>
16a	33-1/3% support test—2021. If to and stop here. The organization	he organization di qualifies as a put	d not check the b olicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, 	check	this box
b	33-1/3% support test—2020. If the and stop here. The organization	le organization did qualifies as a pul	i not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 33 	3-1/3% or m	ore, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in	Part \	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	test, check this to ion qualifies as a	oox and stop here publicly supporte	. Explain in d organizati	Part \	VI how the
	- Trace roundation. If the organic	Lation did not one	on a box on mile	, , , , , , , , , , , , , , , , , ,	, c. 175, oncor th	- Jon and 3	55 1115	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	.3t3 fisted below,	produce delimprotes				
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants ')	(a) 2017	(6) 2010	(6) 2013	(u) 2020	(6) 2021	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.						
	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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	Amounts from line 6				<u> </u>		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
_	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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	· · · · · · · · · · · · · · · · · · ·					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	£		thurd fourth or	fifth tox year as a	section 501(s)(3)	
	First 5 years. If the Form 990 is organization, check this box and	stop here		thira, fourtil, or			▶ ∐
	tion C. Computation of Pul Public support percentage for 20			ino 13 column /f	<u></u>	15	8
						16	%
	Public support percentage from					18	
	tion D. Computation of Inv				L (D)	17	%
	Investment income percentage f				iumn (f))	17	%
18	Investment income percentage f				nd line 15		
	33-1/3% support tests—2021. If the support tests—2021 is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies	as a publicly supp	orted organization	n – 🔲
	33-1/3% support tests—2020. If the line 18 is not more than 33-1/3%	, check this box	and stop here. Th	ie organization qi	ualifies as a public	ly supported orga	inization
20	Private foundation. If the organization	zation did not che	eck a box on line	14, 19a, or 19b,	check this box and	d see instructions.	▶ 📗
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Part IV Supporting Organizations

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

Section A	A. All Si	pporting	Organizations

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe 1 the designation If historic and continuing relationship, explain 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. **3**c 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 Part VI 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 **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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 **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was 5a accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? **5**c 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 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990). 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))? 9a If 'Yes,' provide detail in Part VI. 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 détail in Part VI. 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 **Part VI. 9**c 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.) 10b

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a 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 line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
-	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
1	or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	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 majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
_	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The Complete line 2 holes			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.	4	4	_\
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	rnsu	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer lines 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.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov 20 1970 (explain in	n Part VI). See through E.
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from I ne 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount clarmed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 0 015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting org	ganızatıon
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
ection 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				
Other distributions (describe in Part VI). See instructions.	6				
Total annual distributions. Add lines 1 through 6.	7				
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8				
Distributable amount for 2021 from Section C, line 6	9				
Line 8 amount divided by line 9 amount	10				
(i) (ii	i)	(iii)			

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 — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019	,		
e From 2020			
f Total of lines 3a through 3e			
g 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: \$			
a Applied to underdistributions of prior years			
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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> See instructions.			
7 Excess distributions carryover to 2022. Add lines 3 _j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020.			
e Excess from 2021	-		

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Schedule A (Form 990) 2021

Part VI

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

OMB No 1545-0047 2021

Open to Public Inspection
Employer identification number

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Par	t I	Organizations Maintaining Dono	r Advised Fun	ds or Other S	imilar Fun	ds or Ac	counts.		
		Complete if the organization ansi				6.			
			(a) Dor	nor advised funds	5	(b)	Funds and	other acco	unts
1	Total	number at end of year							
2	Aggre	gate value of contributions to (during year)							
3	Aggre	gate value of grants from (during year).							
4	Aggr	egate value at end of year						×	
5	Did t are t	he organization inform all donors and dor he organization's property, subject to the	nor advisors in wri organization's exc	ting that the assectusive legal conti	ets held in do rol?		d funds	Yes	No
6	Did t	he organization inform all grantees, dono haritable purposes and not for the benefit	rs, and donor adv	sors in writing th	at grant fund	ls can be u	sed only		
	impe		the donor or di		· · · ·	· · · · ·	····	Yes	No
Par	· 11	Conservation Easements.							_
1 41	<u> </u>	Complete if the organization ans	wered 'Yes' on	Form 990, Pa	art IV, line	7.			
1	Purp	ose(s) of conservation easements held by							
-	'	Preservation of land for public use (for example)		_		on of a hist	orically im	portant land	d area
	\Box	Protection of natural habitat		· · · · · ·	Preservati	on of a cer	ified histo	ric structure)
	H	Preservation of open space							
2	Comp	olete lines 2a through 2d if the organization h	neld a qualified con:	servation contribut	ion in the form	n of a conse	rvation eas	sement on th	ne
	last o	day of the tax year.						F . 4 . (N-	- T V
							Held at th	e End of th	e lax fear
		number of conservation easements				2 a			
		l acreage restricted by conservation ease				2b			
		ber of conservation easements on a certi							
C	struc	tare neces in the real energies.				2d		.,	
3	tax y				rminated by th	ne organizat	ion during	tne	
4		ber of states where property subject to conse				_			
5		s the organization have a written policy re				ndling of vi	olations,	Yes	□No
_	and	enforcement of the conservation easemer	nts it holds?		Lanforoina coi	 neorustion c	acoments :	LJ	ш.
6	>	and volunteer hours devoted to monitoring,							cai
7	Amoi ►\$	unt of expenses incurred in monitoring, inspe	ecting, handling of v	riolations, and enfo	orcing conserv	vation easer	nents durin	g the year	
8	and	s each conservation easement reported of section 170(h)(4)(B)(ii)?					•	Yes	No
9	ınclu	art XIII, describe how the organization regide, if applicable, the text of the footnote	orts conservation to the organization	easements in its n's financial state	revenue and ments that d	d expense : lescribes th	statement e organiza	and balance ation's acco	e sheet, and unting for
Par		ervation easements. Organizations Maintaining Colle	ctions of Art	Historical Tre	asures. or	Other Si	milar As	sets.	
<u> </u>		Complete if the organization ans	wered 'Yes' on	Form 990, Pa	art IV, line	8.			
	histo Part	e organization elected, as permitted unde crical treasures, or other similar assets he XIII the text of the footnote to its financia	eld for public exhib al statements that	ition, education, describes these i	or research i items.	n furtheran	ce of publ	ic service, p	provide in
ł	histo follo	e organization elected, as permitted unde rical treasures, or other similar assets held f wing amounts relating to these items:	or public exhibition,	education, or rese	earch in furthe	ment and be erance of pu	DIIC SERVICE	e, provide trie	art, e
		Revenue included on Form 990, Part VIII,						'	
		Assets included in Form 990, Part X					►	T	
2	amo	e organization received or held works of art, I unts required to be reported under FASB	ASC 958 relating	to these items.		ncıal gaın, pı			
á	Reve	enue included on Form 990, Part VIII, line	÷1					·	
	. Accc	ats included in Form 990. Part X					▶	Ş	

b Assets included in Form 990, Part X

Part III Organizations Mainta	ining Collec	tions of Art, Hi	storical T	reasures, or C	Other Similar Ass	ets (contin	ued)	
3 Using the organization's acquisition items (check all that apply):	n, accession, and	l other records, che	ck any of the	following that mak	e significant use of its	collection		
a Public exhibition	a Public exhibition d Loan or exchange program							
b Scholarly research e Other								
c Preservation for future generations								
4 Provide a description of the organiz Part XIII.	zation's collection	ns and explain how	they further t	ne organization's e	exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather t	han to be maint	ained as part of th	ne organizati	on's collection?		Yes	No	
Part IV Escrow and Custodia line 9, or reported an	I Arrangeme amount on F	ents. Complete orm 990, Part	if the orga X, line 21	anization ansv	vered 'Yes' on Fo	m 990, Pa	art IV,	
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian	or other intermedi	ary for contr	butions or other	assets not included	Yes	No	
b If 'Yes,' explain the arrangement	t in Part XIII and	d complete the following	owing table:		•			
						Amount		
c Beginning balance	•				1 c			
d Additions during the year.					1 d			
e Distributions during the year					. 1 e			
f Ending balance					. 1f			
2 a Did the organization include an a	amount on Form	990, Part X, line	21, for escre	ow or custodial ad	count liability? .	Yes	No	
b If 'Yes,' explain the arrangement	t in Part XIII. Ch	neck here if the ex	planation ha	s been provided	on Part XIII		П	
						'		
Part V Endowment Funds. C	omplete if th	e organization	answered	'Yes' on Forr	n 990, Part IV, Iır	e 10.		
	(a) Current ye	T		(c) Two years back	(d) Three years back	(e) Four year	ars back	
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships						 		
e Other expenditures for facilities and programs								
f Administrative expenses						<u> </u>		
g End of year balance	L					<u> </u>		
2 Provide the estimated percentag		-	(line 1g, col	umn (a)) held as	:			
a Board designated or quasi-endowm		%						
b Permanent endowment ►	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
c Term endowment ►	 %							
The percentages on lines 2a, 2b, as								
3a Are there endowment funds not in to organization by	ine possession o	r the organization tr	nat are neid a	na administered to	or the	Yes	No	
(i) Unrelated organizations						3a(i)	1	
## 5 1 1 1						3a(ii)	+	
b If 'Yes' on line 3a(ii), are the rela		ns listed as requir	ed on Sched	ule R?		3b	 	
4 Describe in Part XIII the intended	-							
Part VI Land, Buildings, and		9						
Complete if the organi		ered 'Yes' on F	orm 990,	Part IV, line 1	1a. See Form 990), Part X, I	ine 10.	
Description of property	(a	Cost or other base (investment)	sis (b) Co bas	ost or other is (other)	(c) Accumulated depreciation	(d) Book v	/alue	
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment				3,257.	651.	2	2,606.	
e Other				-,			<u>,</u>	
Total. Add lines 1a through 1e. (Colum	nn (d) must eau	al Form 990, Part	X, column (l	B), line 10c.)		7	2,606.	
ВАА	., ,		`	·		ile D (Form 99		

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Part VII Investments - Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	ıf-year market value
(1) Financial derivatives			23.41,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			Jesus .
(C)	475.0		
(D)			
(E)			
(F) (G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	*****	***************************************	
	<u> </u>	N/A	
Complete if the organization answered), Part IV, line 11c. See Form 9	90, 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)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IV Other Assets	N/A	Dat IV June 11 d Con Forms	NOO Dort V line 1E
Complete if the organization answered	scription	J, Part IV, line 11d. See Form s	(b) Book value
(1)	scription		(a) Book raids
(2)			
(3)			
(4)			
(5)			<u> </u>
(6)	1.1	A - 8	
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities.		1 115 0 5 000 B LV I'm 05	
Complete if the organization answered 'Yes' on F		le or 11t. See Form 990, Part X, line 25	(b) Book value
1. (a) Descr (1) Federal income taxes	iption of liability		(b) Dook value
(2)			
(3)	1 <u>0.00</u>		
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			•
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	4,000		
tax positions under FASB ASC 740. Check here if the text of the footnote has			1 1

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref	turn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.) 2 d	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2 e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2 e 3 4 c
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2 e 3

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.

Schedule D (Form 990) 2021

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047 2021

Open to Public Inspection

Employer identification number Name of the organization 82-1786480 Palenke Arts Part | Types of Property

ran	1 Types of Ftoperty						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash con	(d) of determin tribution a	ning mounts
1	Art – Works of art						
-	Art — Historical treasures			1711111			
3	Art — Fractional interests					W., 0	
-	Books and publications						
	Clothing and household goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities – Publicly traded						
	Securities – Closely held stock						
	Securities – Partnership, LLC, or trust interests.			· · · · · · · · · · · · · · · · · · ·			
						_	
	Qualified conservation contribution — Historic structures .						
14	Qualified conservation contribution — Other		····				
15	Real estate — Residential				*****		
16	Real estate — Commercial						
17	Real estate – Other						
18	Collectibles.						
19	Food inventory	!					
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
	Archeological artifacts		- 11.6				
25	Other • ()						
	Other • ()		***************************************				_
	Other Control						
	Other ()						
	Number of Forms 8283 received by the organization of	during the tax	year for contributions fo	or which the			
	organization completed Form 8283, Part V, Done	e Acknowled	gement		29		
						Yes	No
30a	During the year, did the organization receive by contr	bution any pr	operty reported in Part	I. lines 1 through 28, that			
Ju	it must hold for at least three years from the date	of the initial	contribution, and whi	ch isn't required to be u	ised		
	for exempt purposes for the entire holding period) a	X
	If 'Yes,' describe the arrangement in Part II.						
	Does the organization have a gift acceptance poli				ns? 3 1	I	X
32a	Does the organization hire or use third parties or contributions?		nizations to solicit, pro		32	2 a	х
b	If 'Yes,' describe in Part II.						
33	If the organization didn't report an amount in coludescribe in Part II.	ımn (c) for a	type of property for w	hich column (a) is chec	ked,		

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

Schedule M (Form 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization 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.

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization
Palenke Arts
Employer identification number
82-1786480

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 other documents available to the public.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Canceled check from prior period	\$ 126.
Depreciation for current year	651.
Total	777.

Executive director compensation.

The Board committee researched final compensation and the Board voted on the compensation plan.