Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

Open to Public

A	For the	2022 calend	dar year, or tax year beginning 01/01/2022 and ending	12/31/20)22				
В	Check if	applicable:	C Name of organization MILPA	1	D Emplo	oyer identification number			
	Address	change	Doing business as			83-2137871			
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Teleph	none number			
	Initial ret	turn	339 MELODY LANE		951-269-9531				
\Box	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
$\overline{\Box}$	Amende		SALINAS, CA 93901		G Gross	receipts \$ 3,447,202			
$\overline{\Box}$	Applicat	ion pending	F Name and address of principal officer: JUAN GOMEZ	H(a) Is this a grou	ıp return fo	or subordinates? Yes Vo			
			339 MELODY LANE, SALINAS, CA 93901	1		es included? Yes No			
ī	Tax-exe	mpt status:	✓ 501(c)(3)	If "No," attach	a list. Se	ee instructions.			
J	Website	: www.mil	pacollective.org	H(c) Group exe	emption	number			
ĸ	_	organization:		tion: 2018 I	M State	of legal domicile: CA			
_	art I	Summa							
	1		cribe the organization's mission or most significant activities: TO CUL	TIVATE CHANG	E MAŁ	KERS FOR THE			
e			EN GENERATIONS BY CREATING OPPORTUNITIES FOR CULTURAL HEA						
au			l on Schedule O, Statement 1)						
Activities & Governance	2		box if the organization discontinued its operations or disposed of	more than 259	% of it	s net assets.			
Š	3		voting members of the governing body (Part VI, line 1a)		3	4			
જ	4		independent voting members of the governing body (Part VI, line 1b)		4	4			
ies	5		per of individuals employed in calendar year 2022 (Part V, line 2a)		5	20			
ΞΞ	6	Total numb	per of volunteers (estimate if necessary)		6	10			
Ac	7a		ated business revenue from Part VIII, column (C), line 12		7a	0			
	b		ted business taxable income from Form 990-T, Part I, line 11		7b	0			
				Prior Year		Current Year			
Φ	8	Contribution	ons and grants (Part VIII, line 1h)	2,49	2,987	3,446,179			
ğ	9		ervice revenue (Part VIII, line 2g)		0	0			
Revenue	10	_	t income (Part VIII, column (A), lines 3, 4, and 7d)		0	86			
æ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	-934			
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,49	2,987	3,445,331			
	13		I similar amounts paid (Part IX, column (A), lines 1-3)	,	500	189,125			
	14		aid to or for members (Part IX, column (A), line 4)		0	0			
s	15		her compensation, employee benefits (Part IX, column (A), lines 5-10)	87	2,338	1,293,988			
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		0	0			
bei	b		raising expenses (Part IX, column (D), line 25) 146,907						
ũ	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	37	9,741	565,088			
	18	•	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,579	2,048,201			
	19	-	ess expenses. Subtract line 18 from line 12		0,408	1,397,130			
or	3		·	Beginning of Curre		End of Year			
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	1,32	28,572	2,881,452			
ASS	21	Total liabili	ties (Part X, line 26)	15	5,769	308,196			
ΞË	22	Net assets	or fund balances. Subtract line 21 from line 20	1,17	2,803	2,573,256			
P	art II	Signatu	re Block						
			, I declare that I have examined this return, including accompanying schedules and state			my knowledge and belief, it is			
tru	ie, correc	t, and complete	e. Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowledg	je.				
		Juan	Domey	11/02	2/2023				
Si	gn	signature of	officer 0	Date					
He	ere	JUAN GOM	MEZ, EXECUTIVE DIRECTOR						
_			name and title						
Pa	nid	Print/Type		ate (00 / 00 00 00	Check [if PTIN			
	ııu epare	JEREMY	CORK GERING OF 11	/02/2023	self-emp	P01544850			
	epare se Onl	L Ciuna'a nas	ne EASY OFFICE DBA JITASA	Firm's I	EIN	26-2176601			
_		Firm's add	tress 1120 S RACKHAM WAY SUITE 300, MERIDIAN, ID 83642	Phone	no.	208-287-4777			
Ma	v the IF	RS discuss t	this return with the preparer shown above? See instructions	-		. Ves No			

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	— П
1	Briefly describe the organization's mission:	_
-	TO CULTIVATE CHANGE MAKERS FOR THE NEXT SEVEN GENERATIONS BY CREATING OPPORTUNITIES FOR	
	CULTURAL HEALING, INTERGENERATIONAL LEADERSHIP, AND EMPOWERMENT THROUGH THE COMMUNITY-DRIVEN	
	DECISION MAKING FOR HEALTHIER COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs,
	the total expenses, and revenue, if any, for each program service reported.	
	(0.1	
4a	(Code:) (Expenses \$ 1,566,550 including grants of \$ 189,125) (Revenue \$ 0)	
	GENERAL PROGRAM: MILPA was able to serve, mentor and/or provide leadership programming for at least 500 youth and over	
	400 community adults in California annually. The programming provdides opportunities to those who are interested in learning	
	about cultural programs, public health, abd ethnic studies while gaining valuable mentorship and professional development in the	
	process. Besides that, under General Program we include "Restoring Promise" which addresses the root causes and	
	consequences of mass incarceration and how racism manifests in prisons. We transform prisons by partnering with the people	
	living and working inside the system through four principle strategies. An estimate of 250 participants and numerous staff were	
	served.	
4b	(Code:) (Expenses \$ 11,277 including grants of \$ 0) (Revenue \$ 0)	—
710	RESTORING PROMISE - Restoring Promise is addressing the root causes and consequences of mass incarceration and how	
	racism manifests in prisons. We transform prisons by partnering with the people living and working inside the system through four	
	principal strategies. An estimate of 250 participants and numerous staff were served.	
	principal strategies. 7 in estimate of 200 participants and national stati work sor you.	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4 :	Otherways and dear (Decoults and Otherhole O)	
4d	Other program services (Describe on Schedule O.)	
4-	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses 1,577,827	

21

orm 99	90 (2022)		F	Page
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schedule A	1	\ \ \	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	V	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
4 6	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~

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

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

20b

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

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<i>\</i>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		•
7	Organizations that may receive deductible contributions under section 170(c).	UD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	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			
C 1/12	Enter the amount of reserves on hand	14a		•/
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a 14b		/
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
. •	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b 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 O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 ~ Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. EASY OFFICE DBA JITASA, (208)287-4777

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 fletther the organization no	i airy reiate	u org	ailiz	auc	льс	ompe	1130	lied any current	onicer, director,	oi iiusiee.
				(0	C)					
(A)	(B)	<i>.</i> .			ition			(D)	(E)	(F)
Name and title	Average hours	(do not check more than one box, unless person is both an officer and a director/trustee)				is both or/trus	n an tee)	Reportable compensation	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		
JUAN GOMEZ	40.00									
EXECUTIVE DIRECTOR				~				125,509	0	11,832
JOHN PINEDA DEPUTY DIRECTOR	40.00			,				115,150	0	6,864
FRED CLAY	4.00									
BOARD CHAIR		~		~				0	0	0
RENE CASAS	4.00									
TREASURER		~		~				0	0	0
ALEJANDRA GUTIERREZ	4.00									
SECRETARY		~		~				0	0	0
LARRY STINER BOARD MEMBER	4.00	,						0	0	0
										-

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Ξm _l	ploy	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
	(A) Name and title		box, ι	(C) Position (do not check more th box, unless person is bofficer and a director/t				n an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	
			-								
			_								
			-								
			-								
			-								
1b c	Subtotal	VII Section							240,659	0	18,696
d	Total (add lines 1b and 1c)				•				240,659	0	18,696
2	Total number of individuals (including reportable compensation from the organi		limite	ed t	o t	hos	e lis	ted	above) who re	eceived more t	than \$100,000 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							-	loyee, or highes		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re greater th	portal an \$1	ole (150,	com 000	npei	nsatio f "Ye	on a s,"	nd other compe complete Sched	nsation from the	7
5	Did any person listed on line 1a receive of for services rendered to the organization'	r accrue co	ompei	nsat	tion	froi	m any	/ un	related organiza		
Secti	on B. Independent Contractors	: 11 163, 6	σπρι	010	OCI	icat	ile o i	01 3	such person .		5 /
1	Complete this table for your five high compensation from the organization. Report										
	(A) Name and business add	ress							(B) Description of serv	vices	(C) Compensation
None											
2	Total number of independent contractor received more than \$100,000 of compens						ed to	th	ose listed abov	re) who	

	,
Part VIII	Statement of Revenue

		Check if Schedule O contains a response or note to	any line in this Pa	art VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigns 1a	0			
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	0			
g, G	С	Fundraising events 1c	0			
fts, r A	d	Related organizations 1d	0			
Gi Ja	е	Government grants (contributions) 1e 1,016,03	35			
ns, Sin	f	All other contributions, gifts, grants,				
ıtio		and similar amounts not included above 1f 2,430,14	4			
ibt Oth	g	Noncash contributions included in				
inti od (lines 1a-1f 1g \$	0			
Cc ar	h	Total. Add lines 1a–1f	3,446,179			
		Business Code				
ice	2a					
erv Ie	b					
gram Ser Revenue	С					
eve	d					
Program Service Revenue	е					
Pr	f	All other program service revenue				
	g	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, an	d			
		other similar amounts)	86	0	0	86
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0
	5	Royalties	0	0	0	0
		(i) Real (ii) Personal				
	6a	Gross rents 6a	_			
	b	Less: rental expenses 6b				
	C	Rental income or (loss) 6c 0	0			
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other	_			
		sales of assets other than inventory 7a				
-		other than inventory 7a Less: cost or other basis	_			
ıπe	D					
Revenue						
			0			
ıer	a	Ret gain or (loss)				
Other	8a					
		events (not including \$0 of contributions reported on line				
		1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b	_			
		Net income or (loss) from fundraising events				
		Gross income from gaming				
		activities. See Part IV, line 19 . 9a				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
		returns and allowances 10a 93	37			
	b	Less: cost of goods sold 10b 1,87				
		Net income or (loss) from sales of inventory	-934	-934	0	0
SI		Business Code				
eor le	11a					
scellaneo Revenue	b					
eve	С					
Miscellaneous Revenue	d	All other revenue				
2		Total. Add lines 11a–11d	0			
	12	Total revenue. See instructions	3.445.331	-934	0	86

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	 Ē

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	(A) Total expenses 189,125 239,200 758,161	(B) Program service expenses 189,125	Management and general expenses 36,318	(D) Fundraising expenses
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 6 Compensation not included above to disqualified	239,200		36,318	27,685
 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 	239,200		36,318	27,685
individuals. See Part IV, line 22	, , ,	175,197	36,318	27,685
 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified 		175,197	36,318	27,685
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified		175,197	36,318	27,685
foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified		175,197	36,318	27,685
4 Benefits paid to or for members		175,197	36,318	27,685
 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 		175,197	36,318	27,685
trustees, and key employees		175,197	36,318	27,685
6 Compensation not included above to disqualified		175,197	36,318	27,685
	758,161			
nercone (se detined under section /958(t)(1)) and	758,161			
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	758,161			
	758,161			
7 Other salaries and wages		555,300	115,113	87,748
section 401(k) and 403(b) employer contributions)	20.004	24 700	F F0/	F 000
	38,224	26,799	5,536	5,889
9 Other employee benefits	178,202	127,495	37,451	13,256
10 Payroll taxes	80,201	65,499	4,391	10,311
11 Fees for services (nonemployees):				
a Management				
b Legal	F0.0/2		F0.0/2	
c Accounting	59,863		59,863	
d Lobbying				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	152,148	147,546	4,602	
12 Advertising and promotion	3,884	3,209	4,002	675
13 Office expenses	69,650	68,172	1,478	073
14 Information technology	6,593	5,610	983	
15 Royalties	0,070	3,010	700	
16 Occupancy	63,716	16,358	47,358	
17 Travel	109,151	107,727	248	1,176
18 Payments of travel or entertainment expenses	1077101	.0.7.27		.,
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .	56			56
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization .	5,869		5,869	
23 Insurance	2,569		2,569	
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 PROGRAM EXPENSES	85,310	84,444	755	111
b DUES & SUBSCRIPTIONS	6,279	5,346	933	0
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,048,201	1,577,827	323,467	146,907
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)				5 000 (2222

Part 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	866,793	1	1,308,595
	2	Savings and temporary cash investments	146	2	495,232
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	452,288	4	927,339
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 359	%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
	_			6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	2,482
⋖	9	Prepaid expenses and deferred charges	385	9	8,616
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 165.2			
	L			10-	400.400
	b	Less: accumulated depreciation	052 8,960	11	139,188
	11 12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,328,572	16	2,881,452
	17	Accounts payable and accrued expenses	155,769	17	125,867
	18	Grants payable	100/101	18	.20,00.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to any current or former officer, directo	or,		
≝		trustee, key employee, creator or founder, substantial contributor, or 359	%		
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	182,329
	25	Other liabilities (including federal income tax, payables to related thin			
		parties, and other liabilities not included on lines 17–24). Complete Part of Schedule D	X		
				25	
	26	Total liabilities. Add lines 17 through 25	155,769	26	308,196
ces		Organizations that follow FASB ASC 958, check here vand complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	736,543	27	1,700,736
Ba	28	Net assets with donor restrictions	436,260		872,520
п		Organizations that do not follow FASB ASC 958, check here	430,200		072,320
교		and complete lines 29 through 33.			
ò	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,172,803	32	2,573,256
ž	33	Total liabilities and net assets/fund balances	1,328,572	33	2,881,452

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		3,44	5,331
2	Total expenses (must equal Part IX, column (A), line 25)		2,04	8,201
3	Revenue less expenses. Subtract line 2 from line 1		1,39	7,130
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		1,17	2,803
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments		;	3,323
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		2,57	3,256
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			\Box
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	ī		
2a		2a		~
	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:	r		
	Separate basis Consolidated basis Both consolidated and separate basis	01		
b	Were the organization's financial statements audited by an independent accountant?	2b	~	
	separate basis, consolidated basis, or both:	1		
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f		
C	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	ˈ	~	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	•		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		>
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.	3b		

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

20**22**

Department of the Treasury Internal Revenue Service

Name of the organization 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.

Open to Public Inspection

Employer identification number

MILP							83-21			
Par		Reason for Public Cha	<u> </u>					ons.		
The c	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1										
2		school described in section		•	-					
3		hospital or a cooperative hos						(iii) Entartha		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:									
5		organization operated for		college or university	owned o	r operate	ed by a government	al unit described in		
		ection 170(b)(1)(A)(iv). (Com		comogo or armiorom,		. 000.000	a government	a. a a		
6		federal, state, or local gover	•							
7		organization that normally			port from	a gover	nmental unit or fron	n the general public		
_		escribed in section 170(b)(1)		•						
8	_	community trust described in			-					
9	or un	n agricultural research organ university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or		
10	re su	n organization that normally no ceipts from activities related upport from gross investment cuired by the organization a	to its exempt fur t income and uni	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its		
11	☐ Ar	n organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).			
12		organization organized and								
		ne or more publicly supported								
_	LI 10	e box on lines 12a through 12		*			•			
а	Ш	Type I. A supporting organ the supported organization	(s) the power to	regularly appoint or e	lect a ma	ijority of t				
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.	•				
b		Type II. A supporting organ								
		control or management of				persons	that control or man	age the supported		
		organization(s). You must	-			 !	and the second formation of	allo di da anno de antico dale		
С	Ш	Type III functionally integ its supported organization(ally integrated with,		
d		Type III non-functionally i		•		-		orted organization(s)		
u		that is not functionally integ								
		requirement (see instructio		o ,	•		•			
е		Check this box if the organ	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III		
		functionally integrated, or 7						, ,,		
f		er the number of supported o								
g	Prov	vide the following information		,						
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	,		
					Yes	No				
(A)										
(D)										
(B)										
(C)										
(D)										
(E)										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 2,492,987 506,362 516,678 3,446,179 6,962,206 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 0 2,492,987 506,362 516,678 3,446,179 6,962,206 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) 748,204 **Public support.** Subtract line 5 from line 4 6,214,002 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 0 506,362 516,678 2,492,987 3,446,179 6,962,206 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 107 107 **Total support.** Add lines 7 through 10 11 6,962,313 Gross receipts from related activities, etc. (see instructions) 12 937 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 % 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Secti	on A. Public Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	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						
6	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 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						
<u> </u>	line 6.)						
	on B. Total Support	() 0040	#1.0040	() 0000	/ I) 0004	() 0000	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)			thind facult	or fifth tower	00.00.00.00.00.00.00.00.00.00.00.00.00.	n F01/c\/0\
14	organization, check this box and stop he	_			-	ear as a secuo	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2022 (line			13. column (f))		15	%
16	Public support percentage from 2021 Scl		•			16	%
	on D. Computation of Investment In				<u> </u>	1 1	,,
17	Investment income percentage for 2022 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organize	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	s as a publicly s	upported organ	nization .
20	Private foundation. If the organization di	id not check a	box on line 14	19a or 19h	check this hox	and see instru	ctions

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of 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.)

Se

Jecu	on A. All Supporting 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 the designation. If historic and continuing relationship, explain.	1	163	140
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		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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 accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part 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 Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 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 Section C. Type II Supporting Organizations Yes No 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 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 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

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

Schedule A (Form 990) 2022

	Type III Non Eunstianally Integrated 500(a)(2) Supporting Ora	10-	izotiono	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income	IIZai	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(-1
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in 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		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III support	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 A, Part II, Line 10 - MISCELLANEOUS REVENUE

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

MILPA			83-2137871
Par	<u> </u>		ds or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	<u> </u>	
_	funds are the organization's property, subject to the	= =	
6	Did the organization inform all grantees, donors, are only for charitable purposes and not for the benefit		
	· ·		
			· · · · · · · · · · · · · · · · · · ·
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c	= : : : : : : : : : : : : : : : : : : :	
	Preservation of land for public use (for example, recre	,	of a historically important land area
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	id a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			-
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in (c)		
			2 u
3	Number of conservation easements modified, trans	sferred, released, extinguished, or ter	minated by the organization during the
	tax year		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas		
_			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting	g, nandling of violations, and enforcing	conservation easements during the year
	Door only appropriate and the control of the first		
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		
۵	In Part XIII, describe how the organization repo		
9	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easeme	<u> </u>	mariolar statemente that describes the
Part	<u> </u>		Other Similar Assets
ган	Complete if the organization answered "		Other Sillinal Assets.
10	If the organization elected, as permitted under FAS		us statement and balance sheet works
ıa	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
D	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item		coa. c iii fartiforatioe of public service,
	-		¢
	(i) Revenue included on Form 990, Part VIII, line 1		Φ Φ
2	(ii) Assets included in Form 990, Part X	historical treasures or other similar	assets for financial gain, provide the
_	following amounts required to be reported under FA		assets for infarioral gain, provide the
•	Revenue included on Form 990 Part VIII line 1		\$

b Assets included in Form 990, Part X . . .

Schedul	le D (Form 990) 2022									Page 2
	Organizations Maintaining C	Collections of	Art. His	torical 1	Treasures.	or Ot	her Similar A	ssets (conti	
3	Using the organization's acquisition, accollection items (check all that apply):									
а	Public exhibition		d	□Loan	or exchang	e nroar	am			
b	Scholarly research		e	Other	_					
C	☐ Preservation for future generations		e	□ Otilei						
4	Provide a description of the organization	on's collections	and expl	ain how t	hey further	the org	anization's exe	empt pur	pose	in Part
5	XIII. During the year, did the organization s									
	assets to be sold to raise funds rather the		ained as	part of the	e organizati	on's co	llection? .	· 🔲 🗅	es_	☐ No
Part										
	Complete if the organization a 990, Part X, line 21.	answered "Yes	on Fo	rm 990, I	Part IV, line	e 9, or	reported an a	mount o	n Fo	orm
1a	Is the organization an agent, trustee, or included on Form 990, Part X?							_	es	□ No
b	If "Yes," explain the arrangement in Par	t XIII and comp	lete the fo	ollowina t	able:			_		
								Amount		
С	Beginning balance					1c				
d						1d	_			
e	Distributions during the year					1e	_			
f	Ending balance					1f				
и 2а	Did the organization include an amount				· · · ·			h/2 🗆 🕽	/oc	☐ No
	9	•	•	•				•		
	If "Yes," explain the arrangement in Par ENDOWMENT Funds.	t Alli. Check he	re ii tile e	xpiariatio	ii iias been	provide	d on Part Alli			<u> </u>
raii	Complete if the organization a	newored "Vec	" on Fo	rm 000 I	Part IV line	. 10				
	Complete if the organization a		1				(d) Thuse years he	al. (a) Fa		ua baali
	D	(a) Current year	(b) Pr	ior year	(c) Two year	s back	(d) Three years ba	ск (е) го	ur yea	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	e current year e	nd balan	ce (line 1g	j, column (a)) held a	as:			
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	•							
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2d	should equal 1	100%.							
3a	Are there endowment funds not in the			ization th	at are held	and ad	ministered for t	the		
	organization by:	-	_						Ye	s No
	(i) Unrelated organizations							. 3a(i)	
								. 3a(i	-	
b	If "Yes" on line 3a(ii), are the related org							. 3b		+
4	Describe in Part XIII the intended uses of								-1	
Part			5.1 0 011 u	IIII II						
- EIR	Complete if the organization a		" on Fo	rm 990 I	Part IV line	. 11a	See Form 990) Part Y	line	10
	Description of property	(a) Cost or o			or other basis		Accumulated		ook va	
	bescription of property	(investr		1 ' '	ther)		epreciation	(u) D	JON VA	iuc
1a	Land		0	ļ ,	,					
_	Buildings		0	+	0					0
b	-						0			0
C C	Leasehold improvements		0		0 25 744		0			1(07(
d	Equipment		0	1	25,744		8,868			16,876

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

139,496

e Other

122,312

139,188

17,184

Part VII	Investments – Other Securities.	V 5 11- C E		Dowl V. line 10
	Complete if the organization answered "Yes" on Form 990, Part I (a) Description of security or category	(b) Book value		, Part X, line 12. lethod of valuation:
	(including name of security)	(b) Book value		nd-of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(B)				
(D)				
(E) (F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	!		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See F	orm 990,	, Part X, line 13.
	(a) Description of investment	(b) Book value		lethod of valuation:
			Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	man /h) must acusel Form 000 Port V and /P) line 12)			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
raitix	Complete if the organization answered "Yes" on Form 990, Part I	V line 11d See F	orm 990	Part X line 15
	(a) Description	v, iiiio 11a. 0001	01111 000	(b) Book value
(1)	(-)			(0) = 0000 10000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities.	V 15	0 5	000 D+V
	Complete if the organization answered "Yes" on Form 990, Part I	v, line i le or i it.	See For	m 990, Part X,
1.	line 25. (a) Description of liability			(h) Dook value
(1) Federal in				(b) Book value
	icome taxes			
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u>.</u>	
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ			
organization'	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	of the footnote has b	een provid	ded in Part XIII .

Schedule D (Form 990) 2022 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. 3,483,654 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments Donated services and use of facilities 35,000 Recoveries of prior year grants 0 Other (Describe in Part XIII.) 3,323 Add lines 2a through 2d 2e 38,323 3 3 Subtract line **2e** from line **1** 3,445,331 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 0 Add lines 4a and 4b 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,445,331 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2.083.201 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 35,000 Prior year adjustments 2b 0 Other losses 2c 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d . . 2e 35,000 3 3 Subtract line **2e** from line **1** 2,048,201 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 Other (Describe in Part XIII.) 4b 0 Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 2,048,201 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, Part XI, Line 2d - PRIOR YEAR ADJUSTMENTS

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public Inspection

Employer identification number

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

MILPA							83-2137871
Part I General Information of						·	
Does the organization maintain the selection criteria used to av	ward the grants	or assistance?				r the grants or assistan	
2 Describe in Part IV the organiza	ation's procedu	res for monitoring	the use of grant fu	ınds in the United	States.		
Part II Grants and Other Ass Part IV, line 21, for any							wered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
[11]							
(12)							
2 Enter total number of section 53 Enter total number of other org		_					

Schedule I (Form 990) 2022 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, (a) Type of grant or assistance (c) Amount of (b) Number of (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 3 5 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule I, Part I, Line 2 - GRANTS ARE AWARDED WITH THE UNDERSTANDING THAT THE RECEIVING ORGANIZATION WILL USE THE FUNDS TOWARD THE PURPOSE OF ITS MISSION.

MILPA

Form: **Schedule I (2022)** EIN: **83-2137871**

Page: 1 Part II, Line 1

Description of Grants and Other Assistance to Governments and Organizati	ons in the United States
--	--------------------------

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst
Name and address	FRESNO BARRIOS UNIDOS	77-0363955	39,575	
	4747 N FIRST ST 140			
	FRESNO, CA 93710			
IRC code section	501(c)3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	TO SUPPORT DECREASE OR PREVENTION OF INCREASE IN THE NUMBER OF YOUTHS TRANSFERRED TO THE ADULT CRIMINAL SYSTEM.			
Name and address	HOLLISTER YOUTH ALLIANCE	77-0377245	53,475	
	10 FOURTH STREET SUITE 101			
	HOLLISTER, CA 95023			
IRC code section	501(c)3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	TO SUPPORT DECREASE OR PREVENTION OF INCREASE IN THE NUMBER OF YOUTHS TRANSFERRED TO THE ADULT CRIMINAL SYSTEM.			
Name and address	NATIONAL CENTER FOR YOUTH LAW - NYCL	94-2506933	39,575	
	1212 BROADWAY SUITE 600			
	OAKLAND, CA 94612			
IRC code section	501(c)3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	TO SUPPORT DECREASE OR PREVENTION OF INCREASE IN THE			
· •	NUMBER OF YOUTHS TRANSFERRED TO THE ADULT CRIMINAL SYSTEM.			

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

MILPA	83-2137871
Form 990, Part VI, Section B, Line 11b - THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOU	INTANT AND IS THEN
REVIEWED BY THE EXECUTIVE DIRECTOR. THE DRAFT OF THE FORM 990 IS THEN DISTRIBUTED TO TI	HE BOARD PRIOR TO
SUBMISSION.	
Form 990, Part VI, Section B, Line 12c - BYLAWS AND CONFLICT OF INTEREST HANDBOOK ARE REVIEW	WED ANNUALLY BY THE
BOARD.	VED ANNOACET BY THE
DOARD.	
Farm 200 Bart VII Continue B. Ling 45 THE ODG ANIZATION PURDOT APPROVED BY THE DOADS OF DIS	
Form 990, Part VI, Section B, Line 15 - THE ORGANIZATION BUDGET APPROVED BY THE BOARD OF DIR	RECTURS.
Form 990, Part VI, Section C, Line 19 - THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PO	UBLIC UPON REQUEST.
······	

Schedule O, Statement 1 MILPA

Form: **Form 990 (2022)**

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

LEADERSHIP, AND EMPOWERMENT THROUGH COMMUNITY-DRIVEN DECISION MAKING FOR HEALTHIER COMMUNITIES.