## Form **990**

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

		enue Sarvice   GO to www.irs.gov/Forms				Inspection
A	For ti	se 2022 calendar year, or tax year beginning JUN	1, 2022 and	ending h	MAY 31, 2023	
В	Check i applica	ole:			D Employer identif	ication number
	Add	Midtown Educational Found	ation			
	Nam	0			36-34172	70
F	Initia retu		to otroot address)	D ( (4		
一	Fina	719 Couth Loomin Ghanne	to street address)	Room/suite	E Telephone number	
Ц.	retur				312-738-	
		- The state of province, country, and 211 o	r foreign postal code		G Gross receipts \$	<u>5,768,01</u> 0.
늗	retur Appl			<u>.</u>	H(a) Is this a group r	eturn
L_	tion pend	F Name and address of principal officer: V1nce	Meno		for subordinates	s? Yes X No
		<u>    same  as  C  above                                    </u>			H(b) Are all subordinates i	ncluded? Yes No
1.	Tax-e	sempt status; X 501(c)(3) 501(c)( ) (iii	nsert no.) 4947(a)(1) c	or 527		list. See instructions
J	Webs	me: www.midtown-metro.org			H(c) Group exemption	
K	Form o	f organization: X Corporation Trust Associat	ion Other	I Year	of formation: 1985	M State of legal domicile; IL
P	art I	Summary		12 1041	oriorination, EDGG	or State of legal dofficile, 11
	1	Briefly describe the organization's mission or most signif	icant activities: Midto	own Ed	ucational R	oundation
Activities & Governance		guides low-income urban yout	h in Chicago	along	nathwaya of	GUGGGGG
Ē	2	Check this box if the organization discontinue	d its assertions as dinner	arong	pacificacys of	success.
ě	3	Number of voting members of the governing body (Part				1
Ô	1	Number of independent with a secret of the	vi, line 1a)	••••••	3	29
98	*	Number of independent voting members of the governing	g body (Part VI, line 1b)		4	29
9	5	Total number of individuals employed in calendar year 20	022 (Part V, line 2a)		5	111
Σ	6	Total number of volunteers (estimate if necessary)	***************************************		6	243
Ć.	7 a	Total unrelated business revenue from Part VIII, column	(C), line 12		7a	34,837.
_	<u> </u>	Net unrelated business taxable income from Form 990-T	THE R. P. LEWIS CO., LANSING MICH.		7b	0.
					Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)	***************************************		2,889,763.	
Revenue	9	Dun				3,468,846.
Ž.	10		·	·····	93,772.	118,128.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7	(d)		23,235.	17,225.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1	0c, and 11e)		312,154.	254,542.
_	12	Total revenue - add lines 8 through 11 (must equal Part V	<u>/III, column (A), line 12)</u>		3,318,924.	3,858,741.
	13	Grants and similar amounts paid (Part IX, column (A), line	s 1-3)		146,650.	110,534.
	14	Benefits paid to or for members (Part IX, column (A), line			0.	0.
9	15	Salaries, other compensation, employee benefits (Part IX	, column (A), lines 5-10)		1,839,988.	1,860,559.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11	e)		0.	0.
å	ь	Total fundraising expenses (Part IX, column (D), line 25)	516,37	9.		
மி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2d	4e)	<del></del> -	1,090,685.	1,001,860.
	18	Total expenses. Add lines 13-17 (must equal Part IX, colu	mo /A\ line 25\	······	3,077,323.	
	19	Revenue less expenses. Subtract line 18 from line 12	itili (ry, iii te 25)	├─		2,972,953.
- S		10 roos expenses, oublidet line to from line 12	<u> </u>		241,601.	885,788.
Assets of Balance	200	Total accels (Dart V. E 40)		Bei	inning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)			5,592,705.	6,380,362.
Net /	,	Total liabilities (Part X, line 26)			318,684.	238,865.
		Net assets or fund balances. Subtract line 21 from line 20	<u>,</u>		5,274,021.	6,141,497.
	ert II	Signature Block				
Unde	er pena	lties of perjury, I declare that I have examined this return, includi	ng accompanying schedules :	and stateme	nts, and to the best of my	knowledge and belief, it is
<u>true,</u>	correc	t, and complete. Declaration of preparer (other than officer) is ba	sed on all information of whic	ch preparer l	nas any knowledge.	• • • • • • • • • • • • • • • • • • • •
		15 Delo			1/9/2	024
Sign	1	Signature of officer			Date	
Here	ė	Vince Meno, Executive Directo	r			
		Type or print name and title				
		Print/Type preparer's name Preparer	rario pianeturo	- In	ate Check	T DTIN
Paid			rer's signature		1 2 man	PTIN
			l Betlinski	[0]	L/U8/24  self-employe	
Prep		Firm's name DESMOND & AHERN, LTD.	Firm's EIN 3	5-3321958		
Use	OUIA	Firm's address 10827 S. WESTERN AVEN				
		CHICAGO, IL 60643-320			Phone no. (7)	73)779-4720
May	the IF	S discuss this return with the preparer shown above? Se	e instructions			. X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		l	1
_	If "Yes," complete Schedule A	1	X	<b>├</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			١
4	public office? If "Yes," complete Schedule C, Part I	3		X
~	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year?  f "Yes," complete Schedule C, Part	4	_	X
3	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			۱
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	-	X
ь	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 !	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_
	Schedule D, Part III	8	_	X
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?	ĺ		l
	If "Yes," complete Schedule D, Part IV	9		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 167 if "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ĺ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	The state of the s	13_		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
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? /f "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions	17	[	X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? if "Yes," complete Schedule I. Parts I and II	21		X

	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	The state of the s		1	1111
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			$\top$
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	1
	Schedule J	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<del> </del>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		x
	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	270	+	+
	any tax-exempt bonds?	040		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		+
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		+
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		ľ	1 -
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	+	X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	┼	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these personal (4.1).			l
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
~,	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			
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
:32	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
E	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	$oxed{oxed}$	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00	$\vdash$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 00	-23	
	Check if Schedule O contains a response or note to any line in this Bart V			
	Chack in Concessio Contessino a response of note to any fine in this mark v	7	v l	<b></b>
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b		1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	12	x	
			.63.	

232004 12-13-22

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	140
	filed for the calendar year ending with or within the year covered by this return 2a111			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	The state of the	За		X
b	The substitution of Schedule O	3b		
4a	y and a signature of other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
10	If "Yes," enter the name of the foreign country			
-	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
O.	any contributions that were not to deductible as charitable and the desired train \$100,000, and did the organization solicit			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		_ X
_				ı
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
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?	_	37	
b	If "Vec " did the arganization notify the dense of the color of the color of the color	7a	X	
C	Did the organization reduity the denot of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	_	
	to file Form 8282?			~
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X
е	Did the organization receive any funds directly or indirectly to pay promitime on a payment by the payment of t	7-		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	$\dashv$	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\dashv$	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	$\dashv$	
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		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь	$\neg$	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	- 1		
IZa h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	$\rightarrow$	
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	ı		
	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.	13a		_
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any neuropate for independent in any instantial and independent in the second of the	14a	-	x
	If "Ves " has it filed a Form 720 to report these payments? (city "	_	$\dashv$	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	$\dashv$	
	excess parachute payment(s) during the year?	15		X
	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		x
	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.			
32005	12-13-22	Form \$	990 (2	(022)

Midtown Educational Foundation Form 990 (2022) 36-3417278 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 29 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 ..... 29 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? 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Яa b Each committee with authority to act on behalf of the governing body? X 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 X 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 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? 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 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ..... X 12c Did the organization have a written whistleblower policy? X 13 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 15a Other officers or key employees of the organization X 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 with a taxable entity during the year? \_\_\_\_\_\_ 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 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 IL 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. Another's website X Upon request Other (explain on Schedule O) 19 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. State the name, address, and telephone number of the person who possesses the organization's books and records Vince Meno - 312-738-8300 718 South Loomis Street, Chicago, IL

# 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.

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу втрюува	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Glenn Wilke	40.00						Г			
Executive Director until 05/31/23		_		X				94,605.	0.	0.
(2) Lawrence Morris	5.00	1					ı			
Chairman		X	_	X		<u> </u>	┡	0.	0.	0.
(3) John J. Conroy, Jr.	5.00					1				
President	+	X	_	X	Ь.	╙	┡	0.	0.	0.
(4) Patricia Anderson	5.00								_	
Vice President		X		X	<u> </u>	<u> </u>		0.	0.	0.
(5) Richard M. Caffarelli, Jr. Treasurer	5.00	x		X						
(6) Mary Presberg	5.00	<u>~</u>		A	H	H	⊢	0.	0.	0.
Secretary	3.00	x		x						•
(7) Art Thelen	2.00	1		_	$\vdash$		⊢	0.	0.	0.
Director	2.00	x						0.	0.	
(8) Juan Vasquez	2.00	<u> </u>	$\vdash$	$\vdash$	<del>-</del>	_	$\vdash$	- 0.		0.
Director	2.00	x						0.	0.	0.
(9) William Kipp	2.00	-	Н			-				U.
Director		x						0.	0.	0.
(10) V. George Maliekel	2.00		П				Н			
Director		x.						0.	0.	0.
(11) Sharon Hefferan	2.00						Т			
Director		x						0.	0.	0.
(12) S. Sally Grimes	2.00						Г			
Director		X						0.1	0.	0.
(13) Ruben Avila	2.00						Г			
Director		X						0.	0.	0.
(14) Richard Scalise	2.00									
Director		X						0.	0.	0.
(15) Patricia Lechner	2.00									
Director		X				Щ	L	0.	0.	0.
(16) Mrs. Edward W. McCaskey	2.00									·· <del>·</del>
Director		X	Щ	_		Щ	_	0.	0.	0.
(17) John Martin	2.00	[]							_	
Director		X						0.	0.	0.

232007 12-13-22

Canal   Cana	Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
Name and title    Average   Hours per   Vew kek   Gist any   Hours for related   Group new to the protection of the organization   Hours for related   Group new to the organization   Group new new to the organization   Group new new to the organization   Group new	(A)	(B)	(C)									(F)	
Nours for week   Rist any hours for related organizations   February and accomplants   February and accomplants   February   Febru	Name and title	Average	(do					<b></b>	Reportable	Reportable		Estima	
(itst any hours for related organizations below line)    18   Sen Ruf   2.00   X   0.00   0.00			box	, unles	s per	rson i	s both	an.	compensation	compensation		amour	
Comper content of related organizations   Page 1   Page 1   Page 2   Page 3   Page				Ceran	d a di	irecto	r/trus	tee)	from	from related		othe	er
Director		1 '	igg i	ı		ľ						ompens	sation
1.3   Director		1	ordi	. e			ated	Ι,	_		′	from t	
Director			nstee	l ag		, u	pens		,	1099-NEC)		organiza	
Director		-	] 를	틸		) Se	E co		1099-NEC)			and rela	
Director			pdivid.	ig		ey em	ighes mploy	отше			'	rganıza	tions
Director	(18) Ben Ruf	2.00	Ť		Ĭ	-	<b>-</b>	-			+		
Section   Star Palos   Start   Start	Director		X			L	li		0.	l	٠.١		0.
Director	(19) Jim Palos	2.00											
Director			X	Щ	_	Ш	L		0.	o			0.
Director		2.00									T		
Director  (22) Heidi Capozzi  Director  (23) Gregory Barton  Director  (24) Geoff Euston  Director  (25) Fredric Zaeske  Director  (26) Denny Bel castro  Director  (26) Denny Bel castro  Director  (27) Expector  (28) Gregory Barton  Director  (29) Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Total and related organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organizations for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)			X	Щ	_		Щ		0.	0			_ 0.
Director	. ,	2.00											
Director  (23) Gregory Barton  Director  (24) Geoff Euston  Director  (25) Fredric Zaeske  Director  (26) Denny Belcastro  Director  (26) Denny Belcastro  Director  1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines 1b and 1c)  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  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual  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  Section B. Independent Contractors  (A) (B) (C)			X	Щ	_	Щ	Щ	$\Box$	0.	0	•		0.
Director	-	2.00	ا ـ. ا							_	1		
Director  (24) Geoff Euston  Director  (25) Fredric Zaeske  2.00  Director  (26) Denny Belcastro  Director  (26) Denny Belcastro  Director  (27) Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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  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  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)		2 00	X	$\vdash$	-	Н		_	<u> </u>	0	•		0.
Complete this table for your five highest compensation from the organization. Report compensation from the organization or individual for sevices and or the organization from the organization or individual for sevices and or the organization from the organization or the organization or the organization from		2.00	<del> </del> ↓										
Director  (25) Fredric Zaeske  Director  (26) Denny Belcastro  Director  1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines 1b and 1c)  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  2 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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  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  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)		2 00		$\dashv$	-	$\dashv$	Н	$\dashv$	U.		•		0.
Director		2.00	<u>,                                   </u>						n	0			0
Director    2.00   X   0. 0.	(25) Fredric Zaeske	2.00				$\dashv$	Н	$\dashv$			+		0.
Director  1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines 1b and 1c)  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  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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  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 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)	Director	2.00	x						0.	0			0.
Director    X	(26) Denny Belcastro	2.00		$\Box$	7	$\dashv$					+		0.
Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization line 1a? If "Yes," complete Schedule J for such individual  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from line 1a? If "Yes," complete Schedule J for such individual  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of individual and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual  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  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	Director		$ \mathbf{x} $					ı	0.	0			0.
Total from continuation sheets to Part VII, Section A	1b Subtotal										_		0.
Total (add lines 1b and 1c) 94,605. 0.  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes  Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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  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  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)	c Total from continuation sheets to Part	VII, Section A			,			Ì					0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes  Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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  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  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)									94,605.		_		0.
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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  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  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)	line 1a? If "Yes," complete Schedule J for	such individual		****							3	ı	X
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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)	5 Did any person listed on line 1a receive or	r accrue compen	satio	on fro	m a	any (	ınre	lated	i organization or individ	ual for services			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)	rendered to the organization? If "Yes." co	mplete Schedule	d J fo	r suc	ch p	ersc	<u> nc</u>			***************************************	5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)													
(A) (B) (C)	the argenization. Report componentian for	ompensated ind	eper	nden:	t cor	ntra	ctor	s tha	it received more than \$	100,000 of compen:	sation	from	
Name and business address		r the calendar ye	er er	naing	) WIT	<u>ın o</u>	r WIT	nin 1		ear.			
Name and business address NONE Description of services Compensation		s address	NO	ME					(B) Description of se	ervices	Com		an
2102123 Component				-112		_		+			00111		
								T					
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Total number of independent contractors (including but not limited to those listed above) who received more than										I			
\$100,000 of compensation from the organization	2 Total number of independent contractors	including but ac	at lim	ited:	to th	חפפ	liet	ed s	hove) who received me	re then			
See Part VII, Section A Continuation sheets Form 990	Total number of independent contractors     \$100,000 of compensation from the organ	(including but no	ot lim	ited	to th	_	e list	ed a	bove) who received mo	re than			

Part VII Section A. Officers, Directors, T	ľusteos. Kev Ei									
(A)	(B)	Прк	yee	s, a	C} Ind I	<u> High</u>	<u>est</u>	Compensated Employ (D)	ees (continued) (E)	4-0
Name and title	Average hours	(c	heck	Pos	sition		ιkλ	Reportable compensation	Reportable	(F) Estimated
	per week (list any hours for related organizations below (ine)	tee or director	Institutional trustee	Officer	Kay amplayee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
27) David Villalobos irector	2.00	[								-
28) Charles Mulaney		X	L	-	-		<u> </u>	0.	0.	0
irector	2.00	x								_
29) Carmen Speranza	2.00		H	-	-	$\vdash$	H	0.	0.	0
irector	2.00	X						0.		
30) Zoraida Sambolin	2.00	-25	Н		H	$\vdash$		U.	0.	0
irector		Х	Щ			_		0.	0.	0
			Ш							
			$\exists$		Н	_				
		Н	$\dashv$	$\dashv$	Н					
			$\dashv$	$\dashv$	-		$\dashv$			
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			$\dashv$		$\dashv$	$\neg$	$\dashv$			
		$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\dashv$			
		$\dashv$	-	$\dashv$	$\dashv$	_	$\dashv$			
			_	_	_	_				
		T	1		T					
		7	$\dashv$	$\dashv$	$\dashv$	$\forall$	_			
		+	$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\dashv$			
				$\perp$	$\perp$		4			

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Related or exempt Total revenue Unrelated Revenue excluded function revenue business revenue from tax under sections 512 - 514 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1b c Fundraising events ..... 1c 1,167,325. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 2,301,521, Moncash contributions included in lines 1a-1f 2,034. h Total, Add lines 1a-1f 3,468,846. **Business Code** 2 a Program Service Fees 900099 118,128. Program Service 118,128. f All other program service revenue ..... g Total. Add lines 2a-2f 118,128, Investment income (including dividends, interest, and other similar amounts) 34,837. 34,837. Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6a 722,378, b Less: rental expenses ... 526,847. c Rental income or (loss) 195,531, d Net rental income or (loss) 195,531. 195,531. (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 1,227,103. **b** Less: cost or other basis and sales expenses ...... Other Revenue 1,244,715 7b c Gain or (loss) 7c d Net gain or (loss) -17,612. -17,612. 8 a Gross income from fundraising events (not including \$ 1,167,325. of contributions reported on line 1c). See Part IV, line 18 152,910. b Less: direct expenses ..... 137,707. c Net income or (loss) from fundraising events 15,203, 15,203. 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 ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Miscellaneous 900099 11 a 43,808. 43,808. d All other revenue e Total. Add lines 11a-11d 43,808. Total revenue. See instructions 3,858,741. 161,936. 34,837. 193,122.

Section 611(s)(s) and 501(s)(s) complications must complete all columns. All other cragnitudins must complete column (A).   Check (E) Stindbulle on continues a response or notes to any fisc in this Part X.   Display to the complete column (A).   Display to the column (A).	Pa	irt IX Statement of Functional Expens	es			1/2/0 Page 10
Circle   If Schedule   Contains a response or note to any line in this Part IX   Conditional community reported on firms 65, 75, 88, 98, and 100 of Part VIII	Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All other	er organizations must con	nplete column (A).	
Total expenses		Check if Schedule O contains a respon	nse or note to any line in	this Part IX	, , , , , , , , , , , , , , , , , , , ,	
1 Grants and other assistance to demestic organizations and domestic powernests. See Pert IV, line 2 and Consensition of the dassistance to domestic inclined tables. See Pert IV, line 2 and Compensation of contents of the consensation of the consensation of contents of the consensation of the cons		not include amounts reported on lines 6b,		(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
2 Grants and other assistance to domestic inclividuals. See Part IV, line 22 (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	1					UNIPORTOO
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 for of or members  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation of united above to disqualified persons described in section 4956(f)(1) and persons described in section 4956(f)(3) and persons described in section 4956(f)(3) and persons described in section 4956(f)(3) and 495(f)(3) and 495(f)(3) and 495(f)(3) and 495(f)(4) and 495(f) and 495(f)(5) and 495(f)(6) an						
3 Grants and other assistance to foreign organizations, foreign operaments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members 5 Compensation of current officers, directors, insuses, and key employees 6 Compensation for included above to disqualified persons (as defined under section 4958)(1)(1) and persons described in section 4958(1)(1) and persons described in section 4958(1)(1) and persons described in section 4958(1) and 40(3)) and 40(3) a	2			i		
organizations, foreign powerments, and foreign individuals, see Part M, line of 5 and 16 and 4 Benefits paid to or for members 5 compensation of current officers, directors, trustees, and key employees (and key employees) and persons designed under section 4985(f(1)) and designed under s			110,534.	110,534.		
Individuals   See Part IV, line 15 and 16	3					
## Sending part of the fore members   115,671.   115,671.						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(1/1)) and persons decribed in section 4958(1/1) and 405(1/1) and 405(1						
tustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(1) and 4958(r)(	_					
6 Compensation not included above to disqualified persons (as defined under section 4958(n)(3)(8)  7 Other salaries and wages  Persion plan acruals and contributions (include section 491(n) and 403(h) employer contributions (include section 491(n) and 491(n)	5		44			
persons described in section 4986(p(1)) and persons described in section 4986(p(3)(8))  7 Other engalores and wages  8 Person plan accrueis and contributions (include section 40(8) and 40(8) employer contributions)  9 Other employee benefits  1.75, 473, 107, 948, 33, 088, 34, 437, 107, 948 to			115,671.		<u>115,671.</u>	
Persons described in section 4988(c)(3)(8)  7 Other salaries and wegges  8 Person plan accruals and contributions (include section 401(4) and 40(5)) employer contributions (include section 401(4) and 401(5)	6					
7 Other salaries and wages						
8 Persion plan accruals and contributions (include section 401(k) and 403(b) employee conhibitions)  9 Other employee benefits  175, 473. 107,948. 33,088. 34,437.  10 Payroll taxes  116 Fees for services (nonemployees):  Management  b Legal  C Accounting  1 Lobbying  Professional fundrising services. See Part IV, line 17 Investment management fees  9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedoul of Conferences, conventions, and meetings interest  120,353. 120,353. 120,353.  120,353. 120,353. 120,353.  120,353. 120,353. 120,353.  120,353. 1			4 440 014			
section 401(k) and 403(k) employer contributions)  1 Other employee benefits  1 175, 473.  1 107,948.  33,088.  34,437.  10 Payod taxes  1 26,374.  74,251.  25,319.  26,804.  126,374.  74,251.  25,319.  26,804.  120,353.  120,	_		1,443,041.	1,003,168.	82,978.	356,895.
9 Other employee benefits 175, 473. 107,948. 33,088. 34,437. 10 Payroll taxes 1 Fees for savices (nonemployees): a Management b Legal	8	`				
1	_		455 450			
11   Fees for services (nonemployees):   a   Management	_					<u>34,437.</u>
a Management b Legal		Payroll taxes	126,374.	74,251.	25,319.	<u>26,804.</u>
5,831.   3,589.   157.   2,085.						
Comparison of the Companies of the Com	- 25		F 024	2 500		
Cobbying   Professional fundralising services. See Part IV, line 17   Investment management fees   Goldmin (A), amount, list line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   242,118.   74,109.   104,129.   63,880.	D			3,589.		<u>2,085.</u>
Professional fundraising services. See Part IV, line 17 Investment management fees godiner. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion	C		140,353.		120,353.	
1   Investment management fees   9   Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)   242,118.   74,109.   104,129.   63,880.   12,340.   13,888.   9,048.   2,340.   14,671.   14,671.   14,671.   14,671.   15,000   16,000	ូ					
Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)   242,118.   74,109.   104,129.   63,880.   2,340.     11,388.   9,048.   2,340.     142,946.   90,039.   38,236.   14,671.	្ទឹ					<u>_</u>
Column (A), amount, list line 11g expenses on Sch 0, Advertising and promotion						
11	g		2/2 110	74 100	104 100	<b>60.000</b>
13 Office expenses	10		11 200		104,129.	
Information technology					20 226	
163,995.   123,704.   40,291.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.   20,124.   4,049.   7,516.   31,689.		Information technology	142,740.	30,033.	30,∠30.	14,671.
163 ,995 . 123 ,704 . 40 ,291 .  17 Travel		Royalties				
Travel 31,689. 20,124. 4,049. 7,516.  Payments of travel or entertainment expenses for any federal, state, or local public officials.  Conferences, conventions, and meetings interest  Payments to affiliates  Depreciation, depletion, and amortization 64,669. 12,584. 52,085.  Insurance 95,451. 63,760. 31,691.  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.)  Education Expense  Total functional expenses. Add lines 1 through 24e  All other expenses  Total functional expenses. Add lines 1 through 24e 2,972,953. 1,805,615. 650,959. 516,379.  Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundralsing solicitation. Check here ir rollowing SOP 98-2 (ASC 986-720)			163 995	123 704	40 201	
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings						7 516
for any federal, state, or local public officials  19 Conferences, conventions, and meetings  interest  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  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 0.)  a Education Expense  b Event Expenses  107,000. 106,121. 879.  c d d e All other expenses. Add lines 1 through 24e  2,972,953. 1,805,615. 650,959. 516,379.  4 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 represed in the control of the complete discontinuation in the complete discontinuation of the co			31,0031	20,124.	4,043.	1,516.
19 Conferences, conventions, and meetings interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.)  a Education Expense  b Event Expenses  4 All other expenses  5 Total functional expenses. Add lines 1 through 24e  2						
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.)  a Education Expense  b Event Expenses  4 I other expenses  5 Total functional expenses. Add lines 1 through 24e  2	19					
Payments to affiliates  Depreciation, depletion, and amortization  Insurance  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 0.)  Education Expense  Event Expenses  107,000. 106,121. 879.  Event Expenses  16,420. 6,636. 2,033. 7,751.  C  d  e All other expenses. Add lines 1 through 24e  27,972,953. 1,805,615. 650,959. 516,379.  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 88-2 (ASC 958-720)			<del></del>			
Depreciation, depletion, and amortization  124 Insurance  25 Total functional expenses. Add lines 1 through 24e  26 Depreciation, depletion, and amortization  27 Depreciation, depletion, and amortization  28 Insurance  29 Depreciation, depletion, and amortization  95,451.  63,760.  31,691.  107,000.  106,121.  879.  107,000.  106,121.  879.  107,751.  20 Depreciation, depletion, and amortization above. (List miscellaneous expenses on tocovered above. (List miscellaneous expenses on the expenses on the expenses on the expense of the expense on the expense on the expense on the expense on the expense of the expense on the expense on the expense on the e		Payments to affiliates	<del></del>			
23 Insurance 95,451. 63,760. 31,691.  24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a Education Expense 107,000. 106,121. 879.  b Event Expenses 16,420. 6,636. 2,033. 7,751.  c d e All other expenses Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 88-2 (ASC 958-720)		Depreciation, depletion, and amortization	64,669.	12.584.	52.085.	
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 0.)  Education Expense  Event Expenses  All other expenses  All other expenses. Add lines 1 through 24e  Zo Interest. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here infollowing SOP 98-2 (ASC 958-720)	23			63,760.		
Education Expense 107,000. 106,121. 879.  16,420. 6,636. 2,033. 7,751.  C	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)				
Event Expenses  16,420. 6,636. 2,033. 7,751.  d  All other expenses  Total functional expenses. Add lines 1 through 24e 2,972,953. 1,805,615. 650,959. 516,379.  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)	а	Education Expense	107,000.	106,121.	879.	
e All other expenses  Total functional expenses. Add lines 1 through 24e 2,972,953. 1,805,615. 650,959. 516,379.  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)	b					7.751.
All other expenses  Total functional expenses. Add lines 1 through 24e 2,972,953. 1,805,615. 650,959. 516,379.  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)	C			, , , , , ,		.,,,,,,,
Total functional expenses. Add lines 1 through 24e 2,972,953. 1,805,615. 650,959. 516,379.  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 right-infollowing SOP 98-2 (ASC 958-720)	ď					
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 rifollowing SOP 98-2 (ASC 958-720)	е	All other expenses				
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 rifollowing SOP 98-2 (ASC 958-720)	25		2,972,953.	1,805,615.	650,959.	516,379.
educational campaign and fundraising solicitation.  Check here	26	· •				
Check here if following SOP 98-2 (ASC 958-720)		* * * *				
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			l			
	00001					

232010 12-13-22

Part X	Balance	Sheet

Pai	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			669,543.	1	251,277
	2	Savings and temporary cash investments			263,446.	2	242,587
	3	Pledges and grants receivable, net			51,597.	3	179,780
	4	Accounts receivable, net			118,193.	4	13,465
	5	Loans and other receivables from any current or	former (	officer, director,			
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ns		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described		6			
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Done and the second of the sec			286, <u>4</u> 86.	9	241,529
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,131,444.			
	b			7,588,700.	1,628,000.	10c	1,542,744
	11	Investments - publicly traded securities			455,894.	11	480,736
	12	Investments - other securities. See Part IV, line 11	١		2,006,713.	12	3,305,363
- 1	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			14		
ı	15	Other assets. See Part IV, line 11			112,833.	15	122,881
$\dashv$	16	Total assets. Add lines 1 through 15 (must equa			5,592,705.	16	6,380,362
	17	Accounts payable and accrued expenses			34,540.	17	35,036
	18	Grants payable			18		
ı	19	Deferred revenue	169 <u>,47</u> 3.	19	112,414		
Į	20	Tax-exempt bond liabilities			20		
ı	21	Escrow or custodial account liability. Complete Pa			21		
Se	22	Loans and other payables to any current or forme					
		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these		22			
٦	23	Secured mortgages and notes payable to unrelate				23	
- 1	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). (	Complete Part X	444 684		
		of Schedule D			114,671.		91,415
$\dashv$	26	Total liabilities. Add lines 17 through 25			318,684.	26	238,865
رم د		Organizations that follow FASB ASC 958, chec	k here	X			
ا <u>ۋ</u>	-	and complete lines 27, 28, 32, and 33.			2 000 400	- 14	4 405 000
8	27	Net assets without donor restrictions	3,982,408.	27	1,435,800		
<u>@</u>	28	Net assets with donor restrictions	1,291,613.	28	4,705,697		
<u>,</u> 5		Organizations that do not follow FASB ASC 950					
5	00	and complete lines 29 through 33.					
8	29	Capital stock or trust principal, or current funds				29	
88	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			E 274 021	31	C 141 100
ž	32 33	Total liabilities and not seem to find belonged			5,274,021. 5,592,705.	32	6,141,497.
	33	Total liabilities and net assets/fund balances			5,554,705.	33	6,380,362. Form <b>990</b> (2022

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

2022

Open to Public Inspection

Employer identification number

Midtown Educational Foundation 36-3417278 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990).) 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 name, 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). |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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 🔲 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported 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. 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 II, Type III, 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) (i) Name of supported (II) EIN (III) Type of organization (iv) is the organization lister (v) Amount of monetary (vi) Amount of other (described on lines 1-10 <u>in your governing document?</u> organization support (see instructions) support (see instructions) Yes above (see instructions)) No Total

Form 990) 2022 Midtown Educational Foundation 36-3417278 Page 2
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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and					.,,	(1) 1 5 1121
	membership fees received. (Do not				1		
	include any "unusual grants.")	2550549.	2605002.	2620002.	2887150.	3554349.	14217052.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2550549.	2605002.	2620002.	2887150.	3554349.	14217052.
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,						İ
	column (f)						701,296.
	Public support, Subtract line 5 from line 4.						13515756.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2550549.	2605002.	2620002.	2887150.		14217052.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	13,702.	28,802.	28,747.	23,235.	<b>1</b> 7,225.	111,711.
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.)	162,667.	266,135.	235,646.	312,154.	357,467.	1334069.
11	Total support. Add lines 7 through 10						15662832.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
	tion C. Computation of Publi						
	Public support percentage for 2022 (li					14	86.29 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14	••••••		15	80.72 %
16a	33 1/3% support test - 2022. If the o			line 13, and line 1	4 is 33 1/3% or me	ore, check this box	and
	stop here. The organization qualifies :			•••••	***************************************	***************************************	X
	33 1/3% support test - 2021. If the o						
	and stop here. The organization quali					***************************************	
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not ci	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	s test, check this	box and stop her	e. Explain in Part	/I how the organize	ation
	meets the facts and circumstances tes						
Þ	10% -facts-and-circumstances test	- 2021. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e racts-and-circum	stances test, chec	k this box and ste	op here. Explain ir	Part VI how the	
40	organization meets the facts-and-circu	imstances test. The	e organization qua	Intes as a publicly	supported organiz	ation	
16	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	, check this box ar		
						Schedule A (	Form 990) 2022

Schedule A (Form 990) 2022 Midtown Educational Foundation
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.)

	ction A. Public Support						<u> </u>
Cale	ndar 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			İ			
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					<del> </del>	
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		<del>                                     </del>	-			
	furnished by a governmental unit to the organization without charge						
			<u> </u>	<u> </u>			
	Total. Add lines 1 through 5	<del></del> -	<del>                                     </del>	<del> </del>	-	<del> </del>	<del></del>
10	3 received from disqualified persons		]		l	ľ	
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						
C	Add lines 7a and 7b		<u> </u>				
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(6) Tetal
	Amounts from line 6	(4,	(=)	(6) 2020	(6) 2021	(e) 2022	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3) organizatio	n.
	check this box and stop here						,
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (li			olumn (f))		15	%
16 Sec	Public support percentage from 2021 tion D. Computation of Inves	Schedule A, Part	III, line 15 Percentage			16	%
	Investment income percentage for 20			ne 13. column (fi)		17	0/
	Investment income percentage from 2		D . III II . A TO			18	%
	33 1/3% support tests - 2022. If the			on line 14 and line	15 is more than 3		%
	more than 33 1/3%, check this box an	d stop here. The	organization qualit	ies as a publicly e	upported organize	stion	is ling
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 10e	and line 16 is me	ore than 32 1/20/	
	line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The organ	nization qualifies a	s a publicly supp	orted organization	<u> </u>
<u> 20</u>	Private foundation. If the organization	n did not check a	box on line 14. 19	, or 19b, check th	is box and see ins	structione	
	12-09-22			,			(Form 990) 2022
						AALIAMIIQ M	1 JIII JJU ZUZZ

Part IV | Supporting Organizations

(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.)

#### Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	_ 2		
3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3a		
3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2h		
4a 4b 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	30	1 1	
4b 4c 5a 5b 5c 6 7 8 9a 9b	3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b	4-		
5a 5b 5c 6 7 8 9a 9b 9c	4a		
5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5b 5c 6 7 8 9a 9b 9c	4c		_
5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c			
6 7 8 9a 9b 9c	<u>5a</u>		
6 7 8 9a 9b 9c	5b		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	1		
9a 9b	6		
9a 9b			
9a 9b 9c	7		
9a 9b 9c			
9b 9c	8		
9b 9c			
9c	9a	_	_
9c	Dh.		
	20		
10a	9c	_	
10a			
	10a		
10b le A (Form 990) 2022		25.5	

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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. 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.

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** Schedule A (Form 990) 2022

2b

3a

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990) 2022

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF,
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Name of the organization **Employer identification number** Midtown Educational Foundation 36-3417278 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_\$\_\_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

**Employer identification number** 

36-3417278

	WILL DEGLECTIONAL FOUNDACTION		3-341/2/8
Part i	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOUTH BRONX EDUCATION FOUNDATION  79 TAGGART WAY  SADDLE BROOK, NJ 07863	\$825,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN TEMPLETON DONATION FUND  300 Conshohocken State Road Suite 500  West Conshohocken, PA 19428	\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	L. DANIEL JORNDT  1038 CAYUGA DRIVE  NORTHBROOK, IL 60062	\$152,069.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GOLDMAN SACHS PHILANTHROPY FUND P.O. BOX 15203 ALBANY, NY 12212	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	AYCO Charitable Foundation P.O. BOX 15203 ALBANY, NY 12212	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23452 11-15	-22	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

**Employer identification number** 

### Midtown Educational Foundation

36-3417278

Part II	Art II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
· <del></del> :		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
223453 11-15-		\$	Schodulo B (Form 000) (0000)		

	3 (Form 990) (2022)		Pag		
Name of or	ganization		Employer identification number		
Midtow	m Educational Foundati	on	36-3417278		
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in section	n 501/c)(7) (8) or (10) that total more than \$4 000 (		
	completing Part III, enter the total of exclusively religious.	<ul> <li>i) inrough (e) and the following line entry, is charitable, etc., contributions of \$1,000 or less</li> </ul>	or organizations		
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Parti			7,		
			-   - <del></del>		
-		(e) Transfer of gift			
	Transferee's name, address, a	and 71D : 4	Polostoniki, et e e e		
		III ZII T T	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
$\vdash$		(-) T((			
	(e) Transfer of gift				
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(h) Pours and office				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
.			-		
L					
Г	(e) Transfer of gift				
$\vdash$	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
1.					
.					
(a) NI=					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I			(-, 2		
<u> </u>					
	(e) Transfer of gift				
	Transferee's name, address, ar	od 7IP ± 4	Deletionship of transferred to the con-		
			Relationship of transferor to transferee		
-					
	,				

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(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 Open to Public Inspection

Name of the organization

Midtown Educational Foundation

Employer identification number 36-3417278

ra	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	Funds or Other Similar Funds  6.	or Accounts. Complete if the
_		(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 advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	on or education) Preservation of	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	At a second seco		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial stateme	nts that describes the
Do	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of A	Net Uistaviaal Tussaviusa ay Oil	and Similar Association
rai			ner Similar Assets.
40	Complete if the organization answered "Yes" on Form 9		
181	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public		
le le	service, provide in Part XIII the text of the footnote to its finance		
	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public e provide the following amounts relating to these items:	exhibition, education, or research in furthe	erance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		
2		uras or other similar assets for financial	
~	If the organization received or held works of art, historical treas		gain, provide
a	the following amounts required to be reported under FASB ASI		Φ.
	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions f		
	wpormour itematation not lauce, see the histractions i	OI FOIRE SOU.	Schedule D (Form 990) 2022

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	edule D (Form 990) 2022 Midtown	Education	al Foundat	ion	thou C	·lee ile	36-34	1727	B Page 2
	(continued)								
٥	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
_	collection items (check all that apply):  Public exhibition								
a	Scholarly research	c	_	hange program					
b	Preservation for future generations	€	Other						
с 4		-H4'.							
5	Provide a description of the organization's c	ollections and explair	n how they further th	e organization's	exempt	purpo	se in Part	XIII.	
a	During the year, did the organization solicit of	or receive donations of	of art, historical treat	sures, or other si	milar as:	sets		_	
Pa	to be sold to raise funds rather than to be m	gements of the	ne organization's co	llection?	<u></u>			Yes	No.
- 4	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	yennema. Compli	ete if the organizatio	n answered "Yes	s" on Fo	rm 990	), Part IV,	line 9, or	
10									
14	Is the organization an agent, trustee, custod							_	
la	on Form 990, Part X?							_  Yes	L∐ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
С	Reginning belongs					-		Amount	<u> </u>
Ser.	Beginning balance		***************************************			1c			
ී e	Additions during the year		***************************************	•••••••		1d			
f	Distributions during the year		***************************************	• • • • • • • • • • • • • • • • • • • •		1e			
_	Ending balance Did the organization include an amount on F	over 000 Dark V line	01 fee			1f		7	
h	If "Yes," explain the arrangement in Part XIII.	Chack bern if the av	21, for escrow or cu	istodiai account i	liability?	*****		Yes	∐ No
Pai	t V Endowment Funds. Complete	if the organization an	pianation has been :	provided on Part	XIII			··········	
	omploto	(a) Current year	(b) Prior year	(c) Two years ba		Three	eare back	(a) Four	years back
1a	Beginning of year balance	916,080.	945,198.				74,465.		
h	Contributions	2,083,920.	743,130.	031,72	20.		/4,405.		861,730.
6	Net investment earnings, gains, and losses		-29,118,	53,47	70		17 262		10 705
q	Grants or scholarships		27,110.	33,41	, , ,		17,263.	<u> </u>	12,735.
-	Other expenditures for facilities				-				
•									
f	Administrative expenses								
g	E 1 4	3,000,000.	916,080.	945,19	18		01 720		974 465
2	Provide the estimated percentage of the curr				70-1	°	91,728.		874,465.
a	Board designated or quasi-endowment		" (line 1g, column (a <u>)</u> "%	neid as:					
i i	Permanent endowment	%	_70						
c	_	^ %							
•	The percentages on lines 2a, 2b, and 2c short								
За	Are there endowment funds not in the posse		tion that are hold on	d odministered f					
	organization by:	ooion of the organiza	don diacate nelo ali	u auministered it	Or LITE			Г	Yes No
	(i) Unrelated organizations								X
	(ii) Related organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		• • • • • • • • • •		3a(i)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R2		*************			3a(ii)	
4	Describe in Part XIII the intended uses of the	organization's endov	umant funde	•••••••		•••••	•••••	3b	
Par	t VI Land, Buildings, and Equipm	ent.	vinorit julius.						
	Complete if the organization answered		Part IV, line 11a, Se	e Form 990. Par	rt X. line	10.			
	Description of property	(a) Cost or ot			c) Accu		d	(d) Book	ualua
	,	basis (investm	1 1 7	' '	depred		ັ	(a) DOOK	value
1a	Land	<u> </u>	,	0,000.				690	,000.
	Buildings				4,68	2.20	7.		,947.
c	Leasehold improvements				2,28				,319.
	Equipment			7,863.		$\frac{3,1}{1,38}$			, <u>478.</u>
	Other		7.	, , , , ,		_, -,	-		<i>j</i> = 101
Total.	Add lines 1a through 1e. (Column (d) must ed		Column (B) line 10	lc )			<del>-   -</del>	1.542	,744.
								,	,

Schedule D (Form 990) 2022 Midtown Edu	cational Found	dation	26 2417270 -
Part VII Investments - Other Securities.	Cucional Foun	dacion	36-3417278 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990. Part X.	line 12.
(a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
(1) Financial derivatives		7	The state of the s
(2) Closely held equity interests			
(3) Other			<del></del>
(A) U.S. Treasury Bonds	2,866,561.	End-of-Year	Market Value
(B) Stock Mutual Funds	436,346.		Market Value
(C) Money Market Funds	2,456.		Market Value
(D)			14146
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,305,363.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X,	lîne 15.
	Description		(b) Book value
(1)			
(2)	<u> </u>		
(4)			
(5)		<u> </u>	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X   Other Liabilities.	15.)		
	=	_	
Complete if the organization answered "Yes" (	on Form 990, Part IV, line 1	1e or 11f. See Form 990, P	
1. (a) Description of liability		<u> </u>	(b) Book value
(1) Federal income taxes	A		
② Accrued payroll and relate	a taxes		45,415.
3 Tenant security deposits			46,000.
(4)			
(6)			
			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 91,415. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X

Schedule D (Form 990) 2022

(7) (8) (9)

Pai	t VI Decembration of Development Audit Little	dation		36-	<u>3417278</u>	Page 4
Pal	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line		Revenue per Re	turn.		
1	Total revenue gains and other events are still 15			1	3,910,	720
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	47445544			3,910,	, / 29 .
3	Net unrealized gains (losses) on investments	2a	-18,312.			
b	Donated services and use of facilities	2b	10,012.	1		
C	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIII.)	2d				
	Add lines 2a through 2d	20	·	2	_10	312.
3	Subtract line 2e from line 1		***************************************	2e	3,929,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	3,343,	041.
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 40 1				
b	Other (Describe in Part XIII.)	4b	-70,300.	1		
C	Add lines 4a and 4b			4c	-70	300.
			***************************************	4G	3,858,	
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Retur		741.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			••	
1	Total expenses and losses per audited financial statements			1	3,043,	253
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				4/023/	400.
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	70,300.			
е	Add lines 2a through 2d			0.	70	200
3	Subtract line 2e from line 1		***********	2e	2,972,	300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		***************************************	3	4,314,	900.
а	Investment expenses not included on Form 990, Part VIII, line 7b	الما				
b	Other (Describe in Part XIII.)			500		
						0
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.			4c	2,972,	0.
Par	XIII Supplemental Information.	***************************************	***************************************	5	4,314,	900.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Dart IV lines 1h a	nd Oh: Dort V. line 4:	Doub V	Eng O. Doub VI	
ines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation	, rait A	, line Z, Part XI,	1
D						
Par	t X, Line 2:					
r TNI	49 Note from Audited Binned 1 Children					
. TIA	48 Note from Audited Financial Statemen	nt:				
rho	Foundation was granted an exemption from	- f-d	1 3			
	Todhaation was granted an exemption if	om redera	I income to	axe <u>s</u>	by the	
[nt	ernal Revenue Service pursuant to the pr	rozigiona	of Intern	-1 D	0	
	Telegraphic Country of the property of the pro	LOVIBIONS	or incern	ar K	evenue	
od	e Section 501(c)(3). The Foundation qua	alifies fo	or the char	rita	h1e	
			-			
on	tribution deduction under Section 170(b)	(1)(A)(v	i) and has	bee	n	
:1 <u>a</u>	ssified as an organization that is not a	a private	organizat:	ion	under	
ec	cion 509(a)(1).					
			_			
ne	tax-exempt purpose of the Foundation ar	nd the nat	ture in who	<u>ich</u>	it	
ne.	rates is described above. Warner to	.73	ha			
,pe.	rates is described above. Management be	tleves t	ne roundati	Lon	continue	<u> </u>
0	pperate in compliance with its tax-exemp	t nurnac	a White ea		ovi = 1	
	09-01-22	e burbose				01 0000
	29		•	schedu	ile D (Form 99	U) 2022

Schedule D (Form 990) 2022

#### SCHEDULE G (Form 990)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization **Employer identification number** Midtown Educational Foundation 36-3417278 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ No \_ Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

7 Direct expense summary. Add lines 2 through 5 in column (d)	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)	
9 Enter the state(s) in which the organization conducts gaming activities:	
a Is the organization licensed to conduct gaming activities in each of these states?     b If "No," explain:	Yes No
10a Were any of the organization's gaming licenses revoked, suspended, or terminated b If "Yes," explain:	during the tax year? Yes No
232082 10-27-22	Schedule G (Form 990) 2022

11   12	dule G (Form 990) 2022 Midtown Educational Foundation	36~3417278 Page 3
12	Does the organization conduct gaming activities with nonmembers?	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
_ 1	to administer charitable gaming?	Yes N
	Indicate the percentage of gaming activity conducted in:	1 1
a	The organization's facility	13a
10 A	An outside facility	13b
144	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
ı	Name	
,	Address	
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes N
	ff "Yes," enter the amount of gaming revenue received by the organization \$ and the a	mount
	of gaming revenue retained by the third party \$	
C	f "Yes," enter name and address of the third party:	
ı	Name	
•	Tall to	
/	Address	
6 (	Gaming manager information:	
1	Name	
(	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
	Director/officer Employee Independent contractor	
	Mandatory distributions:	
7 h	s the organization required under state law to make charitable distributions from the gaming proceeds to	
	<u> </u>	
a k	etain the state gaming license?	Voc. No.
a k	etain the state gaming license?	
a la n b E	enter the amount of distributions required under state law to be distributed to other exempt organizations or speni	
a la n b E	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year \$	in the
als n b E	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year \$	in the
als bE	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year \$ IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	in the
als bE	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year \$ IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	in the
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als n b E	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year \$ IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	in the

Schedule G (Form 990)	Midtown Educational Foundation	36-3417278 Page 4
Part IV   Supplemental In	Midtown Educational Foundation formation (continued)	
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#### SCHEDULE I (Form 990)

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

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

2022

36-3417278

X No

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service

Attach to Form 990. Part 19, 1

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

Name of the organization

Midtown Educational Foundation

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Demonstration and

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 gran or assistance
	<u> </u>						<del></del>
				-		<del>                                     </del>	

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

Schedule   (Form 990) 2022 Midtown Edu	36-3417278					
Part III Grants and Other Assistance to Domestic Ind Part III can be duplicated if additional space is no	lviduals. Complete if the	organization answ	ered "Yes" on Form 8	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncesh	assistance
CHOLARSHIPS	34	116 524	0.			
Fig. 5 and the fortuna a set	34	110,534.	0.			
					<u> </u>	
Part IV Supplemental Information. Provide the information	tion and the Book I live	- C. D III I	A	l Pat LL & D		
active Supplemental Information. Provide the Information	uon required in Part I, lin	e 2; Part III, column	(b); and any other ac	difficial information.		
		<u> </u>				
	<u>.</u>	_				
2102 10-81-22		3.6			Schedule I (For	m 990) 2022

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

Midtown Educational Foundation

Employer identification number 36-3417278

Form 990, Part I, Line 1, Description of Organization Mission:
Our proven enrichment programs embrace the dignity of the person by
focusing on academic excellence, virtue development, individual
attention, and parental engagement.
Form 990, Part III, Line 4d, Other Program Services:
Parenting Program - The Centers provided seminars and other forms of
support for parents, since parental leadership is key to MEF's
philosophy.
Expenses \$ 200,853. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section B, line 11b:
A copy of Form 990 is reviewed in detail by the Financial and Audit
Committee.
Form 990, Part VI, Section B, Line 12c:
Directors regularly prepare signed statements relating to potential
conflicts of interest.
Form 990, Part VI, Section B, Line 15:
Periodically we have a salary survey done by a third party, which is used
to compare the ED's salary. Minimal cost of living increases have
occurred, and have often been refused since the last time the survey was
done. Based on this information, any substantial changes to the ED's
salary are approved by the Chairman of the Board and the Executive
Committee. The ED reviews and approves salaries for other top management.  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization  Midtown Educational Foundation	Employer identification number 36-3417278
Form 990, Part VI, Section C, Line 18:	
Forms are available upon request.	
Form 990, Part VI, Section C, Line 19:	
Governing documents, conflict of interest policy and final	ncial statements
are available to the public upon request.	
Form 990, Part XII, line 2c:	
The process has not changed from the prior year.	
	-