

## Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income TaxUnder 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.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2016 calendar year, or tax year beginning	7/01	, 2016, and ending	6/30	, 2017
B Check if applicable				
<input checked="" type="checkbox"/> Address change	D Employer identification number			
<input type="checkbox"/> Name change	81-3459266			
<input type="checkbox"/> Initial return	E Telephone number			
<input type="checkbox"/> Final return/terminated	(828) 713-8700			
<input checked="" type="checkbox"/> Amended return	F Group Exemption Number			
<input type="checkbox"/> Application pending				
G Accounting Method	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	Other (specify) ►	
I Website: ►	<a href="http://mijente.net">mijente.net</a>			
J Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c)(4)	►(insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
K Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 141,862.				

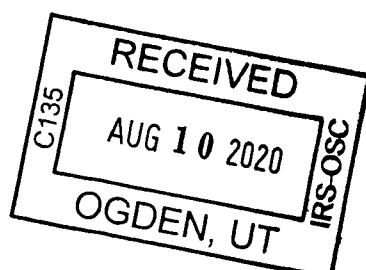
## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I. 

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	140,018.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,844.
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,844.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	141,862.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	39,249.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	9,630.
	17 Total expenses. Add lines 10 through 16	17	48,879.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	92,983.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	92,983.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)



**Part II: Balance Sheets (see the instructions for Part II)**

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22 Cash, savings, and investments</b>		<b>22 92,983.</b>
<b>23 Land and buildings</b>		<b>23</b>
<b>24 Other assets (describe in Schedule O)</b>		<b>24</b>
<b>25 Total assets</b>	<b>0.</b>	<b>25 92,983.</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>0.</b>	<b>26 0.</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>0.</b>	<b>27 92,983.</b>

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Schedule O

See Schedule 3  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	Promote civic engagement to mobilize voters and raise the profile of issues that impact Latinx communities, including partnering with other organizations to conduct advocacy campaigns. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	39,104.
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	39,104.

**Part IV List of Officers, Directors, Trustees, and Key Employees**

Check if the organization used Schedule O to respond to any question in this Part IV.

Check if the organization used Schedule C to respond to any question in this Part IV.

B0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O **33**  Yes  No

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) **34**  Yes  No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  
 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O **35a**  Yes  No

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III **35b**  Yes  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N **35c**  Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**  0. **36**  Yes  No

b Did the organization file Form 1120-POL for this year? **37b**  Yes  No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? **38a**  Yes  No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b**  N/A

39 Section 501(c)(7) organizations Enter  
 a Initiation fees and capital contributions included on line 9 **39a**  N/A  
 b Gross receipts, included on line 9, for public use of club facilities **39b**  N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **40a**  N/A , section 4912 ► **40a**  N/A , section 4955 ► **40a**  N/A

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I **40b**  Yes  No

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **40c**  0.

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► **40d**  0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T **40e**  Yes  No

41 List the states with which a copy of this return is filed ► **AZ**

42a The organization's books are in care of ► **Marisa Franco** Telephone no ► **(415) 373-2665**  
 Located at ► **734 W Polk St Phoenix AZ** ZIP + 4 ► **85007**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► **42b**  Yes  No

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ► **42c**  Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**  Yes  No **N/A**

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  
 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  
 c Did the organization receive any payments for indoor tanning services during the year?  
 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

**Part VI ■ Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

1

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

►  **Y**  **N**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of preparer (other than officer) is based on all information of which preparer has any knowledge					
<b>Sign Here</b>	 Signature of officer				
	7-30-20 Date				
	<b>Marisa Franco</b> Executive Director Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self employed	PTIN
	Catherine J Ruiz		07/23/2020		P02087714
	Firm's name ►	Key Figures			Firm's EIN ► 82-2385640
	Firm's address ►	PO Box 9708 Austin, TX 78766			
				Phone no	512-920-2695

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

►  Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545 0047

**2016**Open to Public  
InspectionEmployer identification number  
81-3459266**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion	\$ 540.
Merchant Account Fees	482.
Office Expenses	2,240.
Rounding	-2.
Travel	6,370.
<b>Total</b>	<b><u>\$ 9,630.</u></b>

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Mijente is a digital grassroots hub for Latinx and Chicanx organizing and movement building.