

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

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div align="center">MIZELL CENTER</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 480 S SUNRISE WAY City or town, state or province, country, and ZIP or foreign postal code PALM SPRINGS CA 92262-7641	D Employer identification number 95-3464835 E Telephone number 760-323-5689 G Gross receipts \$ 4,604,386
F Name and address of principal officer: WES WINTER 480 S. SUNRISE WAY PALM SPRINGS CA 92262		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.MIZELL.ORG		L Year of formation: 1980
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE DYNAMIC PROGRAMS AND RELEVANT SERVICES THAT ARE RESPONSIVE TO OUR ADULT COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	61
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,561,198	Current Year 3,649,802
	9 Program service revenue (Part VIII, line 2g)	409,138	485,368
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,195	3,004
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	367,006	401,365
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,345,537	4,539,539
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,777,418	2,041,736
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	298,648	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,322,354	1,889,974
Net Assets or Fund Balances	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,099,772	3,931,710
	19 Revenue less expenses. Subtract line 18 from line 12	245,765	607,829
	20 Total assets (Part X, line 16)	Beginning of Current Year 1,592,043	End of Year 2,291,183
21 Total liabilities (Part X, line 26)	160,154	151,613	
22 Net assets or fund balances. Subtract line 21 from line 20	1,431,889	2,139,570	

Part II Signature Block

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

Sign Here	Signature of officer WES WINTER Type or print name and title	Date EXECUTIVE DIR.
Paid Preparer Use Only	Print/Type preparer's name SHANNON C. MAIDMENT	Preparer's signature COURTESY COPY ORIGINAL FILED ELECTRONICALLY
	Firm's name COACHELLA VALLEY ACCOUNTING & AUDITING	Date 12/27/23
	Firm's address 43675 ALBA CT LA QUINTA, CA 92253	Check <input type="checkbox"/> if self-employed PTIN P01426554
		Firm's EIN 442-325-0089

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

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:**TO SUPPORT INDEPENDENCE AND SELF-SUFFICIENCY THROUGH AN INCLUSIVE NETWORK OF EDUCATION, INFORMATION, AND ASSISTANCE WITH PROBLEM SOLVING.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **1,633,259** including grants of\$) (Revenue \$)**MEALS ON WHEELS:**

MIZELL OPERATES THE LARGEST MEALS ON WHEELS PROGRAM IN THE COACHELLA VALLEY FUELED BY THE BELIEF THAT NO SENIOR SHOULD EVER HAVE TO CHOOSE BETWEEN BUYING FOOD AND PAYING FOR MEDICINE. WE DELIVER UPWARDS OF 400 HOT, NUTRITIOUS MEALS EVERY WEEKDAY, TOTALING MORE THAN 185,000 PER YEAR, TO HOMEBOUND SENIORS, AND TO 9 CONGREGATE SITES SUCH AS OTHER SENIOR CENTERS, FROM PALMS SPRINGS ALL THE WAY TO THE SALTON SEA. OUR PROFESSIONAL DRIVERS NOT ONLY DELIVER HEALTHY MEALS BUT ALSO PERFORM WELLNESS CHECKS AND ARE TRAINED IN CPR AND ELDER ABUSE DETECTION.

4b (Code:) (Expenses \$ **1,040,313** including grants of\$) (Revenue \$)**SEE SCHEDULE O****4c** (Code:) (Expenses \$ **790,423** including grants of\$) (Revenue \$)**NUTRITION/CONGREGATE LUNCHES:****THIS PROGRAM PROVIDES ON-SITE LUNCHES TO SENIOR CITIZENS.****4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **3,463,995**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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 any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	19
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	61
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	12	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?			6	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?			8b	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	12c	
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its 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.
☐ Own website ☐ Another's website ☒ 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

VALDEMAR GALEANA**480 S. SUNRISE WAY****PALM SPRINGS****CA 92262****760-323-5689**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WES WINTER	40.00									
EXECUTIVE DIR.	0.00			X				128,926	0	0
(2) VALDEMAR GALEANA	40.00									
FINANCE DIRECTOR	0.00	X						99,375	0	0
(3) BRIAN WACHS, CPA	2.00									
PRESIDENT	2.00	X		X				0	0	0
(4) BRIAN CHAVARIN, MS, ATC	1.00									
VICE-PRESIDENT	0.00	X		X				0	0	0
(5) MARY LIVINGSTON	0.50									
VICE-PRESIDENT 09/23	0.00	X		X				0	0	0
(6) TIM HOHMEIER	0.50									
TEASURER	0.50	X		X				0	0	0
(7) CRAIG BORBA, ED.D	0.50									
SECRETARY	0.50	X		X				0	0	0
(8) JOHN WILLIAMS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(9) MARJORIE CONLEY AIKENS	0.25									
BOARD MEMBER	0.25	X						0	0	0
(10) MARK MARSHALL	0.25									
BOARD MEMBER	0.25	X						0	0	0
(11) CAROL FRAGEN	0.25									
BOARD MEMBER	0.25	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RICHARD CAIN	0.50									
BOARD MEMBER	0.00	X						0	0	0
(13) JAX KELLY	0.50									
BOARD MEMBER	0.00	X						0	0	0
(14) BENJAMIN FARBER	0.50									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal								228,301		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								228,301		

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 **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b	90,749					
	c Fundraising events	1c	154,112					
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,918,670					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,486,271					
	g Noncash contributions included in lines 1a-1f	1g	\$ 120,052					
	h Total. Add lines 1a-1f			3,649,802				
Program Service Revenue			Business Code					
	2a MEALS ON WHEELS			247,832	247,832			
	b VARIOUS PROGRAMS/CLASSES			173,827	173,827			
	c NUTRITION/CONGREGATE			63,709	63,709			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			485,368				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,004			1,004	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
		6a	51,960					
	b Less: rental expenses	6b						
	c Rental inc. or (loss)	6c	51,960					
	d Net rental income or (loss)			51,960	51,960			
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7a		2,000				
	b Less: cost or other basis and sales exps.	7b						
	c Gain or (loss)	7c		2,000				
	d Net gain or (loss)			2,000	2,000			
	8a Gross income from fundraising events (not including \$ 154,112 of contributions reported on line 1c). See Part IV, line 18							
		8a	20,400					
b Less: direct expenses	8b	64,847						
c Net income or (loss) from fundraising events			-44,447					
9a Gross income from gaming activities. See Part IV, line 19								
	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
	10a	58,527						
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory			58,527	58,527				
Miscellaneous Revenue			Business Code					
	11a MANAGEMENT CONTRACT			233,884	233,884			
	b MISCELLANEOUS INCOME			101,441		101,441		
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			335,325				
12 Total revenue. See instructions			4,539,539	831,739	0	102,445		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	231,548	198,669	12,209	20,670
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,453,388	1,247,014	76,631	129,743
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,601	9,100	554	947
9 Other employee benefits	199,648	171,380	10,438	17,830
10 Payroll taxes	146,551	125,800	7,662	13,089
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,501	1,126	375	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	29,212	17,132	6,530	5,550
12 Advertising and promotion				
13 Office expenses	39,348	25,745	6,800	6,803
14 Information technology				
15 Royalties				
16 Occupancy	246,035	149,977	12,800	83,258
17 Travel	2,159	2,103	28	28
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	97,426	77,941	19,485	
23 Insurance	29,001	24,183	2,409	2,409
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD COST	870,194	870,194		
b KITCHEN EXPENSES	222,759	222,759		
c REPAIRS/MAINTENANCE	176,986	158,775	8,154	10,057
d PROGRAM EXPENSES	127,437	126,777	330	330
e All other expenses	47,916	35,320	4,662	7,934
25 Total functional expenses. Add lines 1 through 24e	3,931,710	3,463,995	169,067	298,648
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	454,130	1	422,281
	2 Savings and temporary cash investments	293,434	2	577,891
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	377,350	4	500,184
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,366	9	1,064
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,466,589		
	b Less: accumulated depreciation	10b 2,160,799	10c	305,790
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	19,050	15	483,973
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,592,043	16	2,291,183	
Liabilities	17 Accounts payable and accrued expenses	160,154	17	151,613
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	160,154	26	151,613
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		1,318,142	27	1,471,755
28 Net assets with donor restrictions		113,747	28	667,815
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		1,431,889	32	2,139,570
33 Total liabilities and net assets/fund balances	1,592,043	33	2,291,183	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,539,539
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,931,710
3	Revenue less expenses. Subtract line 2 from line 1	3	607,829
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,431,889
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	99,852
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,139,570

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

MIZELL CENTER

Employer identification number

95-3464835

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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 university:
- 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2022

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,087,386	2,135,269	2,937,328	2,561,198	3,649,802	13,370,983
2 Tax revenues levied for the organization'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	91,945	91,945	91,945	92,000	99,852	467,687
4 Total. Add lines 1 through 3	2,179,331	2,227,214	3,029,273	2,653,198	3,749,654	13,838,670
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						321,732
6 Public support. Subtract line 5 from line 4						13,516,938

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,179,331	2,227,214	3,029,273	2,653,198	3,749,654	13,838,670
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3		50	34	1,004	1,091
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.)				1,084	101,441	102,525
11 Total support. Add lines 7 through 10						13,942,286
12 Gross receipts from related activities, etc. (see instructions)					12	2,259,198

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	96.95 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.99 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>).			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j 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			

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 102,525

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public
Inspection

Name of the organization

MIZELL CENTER

Employer identification number

95-3464835

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$ 19,050
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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):

- a** ☒ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other

c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,092,996	1,268,224	1,108,235	1,185,985	1,272,260
b Contributions					
c Net investment earnings, gains, and losses	50,860	-160,110	190,251	-12,366	39,350
d Grants or scholarships					
e Other expenditures for facilities and programs	4,739	3,057	19,570	56,090	113,691
f Administrative expenses	11,034	12,061	10,692	9,294	11,934
g End of year balance	1,128,083	1,092,996	1,268,224	1,108,235	1,185,985

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment **98.00 %**

b Permanent endowment %

c Term endowment **2.00 %**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations **3a(i)** ☐ Yes ☒ No

(ii) Related organizations **3a(ii)** ☒ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☒ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		13,522	441	13,081
d Equipment		45,626	22,763	22,863
e Other		2,407,441	2,137,595	269,846
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				305,790

Part VII Investments – Other Securities.

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	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) KITCHEN CIP	464,923
(2) DONATED ART WORK	19,050
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	483,973

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,704,238
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	99,852
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	64,847
e	Add lines 2a through 2d	2e	164,699
3	Subtract line 2e from line 1	3	4,539,539
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,539,539

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,996,557
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	64,847
e	Add lines 2a through 2d	2e	64,847
3	Subtract line 2e from line 1	3	3,931,710
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,931,710

Part XIII Supplemental Information.

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

PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE

ARTWORK DONATED TO THE CENTER AND CONSIDERED INEXHAUSTIBLE IS RECORDED AT THE ESTIMATED FAIR MARKET VALUE AT THE DATE OF DONATION. THE CENTER'S COLLECTION INCLUDES PAINTINGS, SCULPTURES AND SIMILAR ART OBJECTS DISPLAYED ON THE PREMISES FOR THE ENJOYMENT OF THE MEMBERS.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE MIZELL SENIOR CENTER ENDOWMENT FUNDS PROVIDES FUNDS THAT HELP FURTHER THE SERVICES AND PROGRAMS THAT THE MIZELL SENIOR CENTER OFFERS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES IN REVENUE \$ 64,847

Part XIII Supplemental Information *(continued)***PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

FUNDRAISING EXPENSES IN REVENUE	\$	64,847
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**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ 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

MIZELL CENTER

Employer identification number

95-3464835

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.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☐ Phone solicitations **g** ☐ Special fundraising events
d ☐ In-person solicitations

2a 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? ☐ Yes ☐ No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>MAKING MAGIC WI</u> (event type)	 (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	174,512			174,512
	2 Less: Contributions	154,112			154,112
	3 Gross income (line 1 minus line 2)	20,400			20,400
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	27,688			27,688
	6 Rent/facility costs	29,287			29,287
	7 Food and beverages				
	8 Entertainment	800			800
	9 Other direct expenses	7,072			7,072
	10 Direct expense summary. Add lines 4 through 9 in column (d)				64,847
	11 Net income summary. Subtract line 10 from line 3, column (d)				-44,447

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c** If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open To Public
Inspection**

MIZELL CENTER

Employer identification number

95-3464835

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OFFICE RENT)	X	1	99,852	FMV
26 Other (AUCTION ITEMS)	X	1	20,200	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

Part II

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

**SCHEDULE 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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

MIZELL CENTER

Employer identification number

95-3464835

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

MIZELL SENIOR CENTER IS AN ACKNOWLEDGED LEADER IN ACTIVE AGING. OUR MULTI-FACED NETWORK OF PROGRAMS AND SERVICES FOR SENIORS ARE DESIGNED TO ENCOURAGE CREATIVITY, PROMOTE LIFELONG LEARNING AND SUSTAIN AN ACTIVE AND ENGAGED LIFESTYLE. MOST IMPORTANTLY, MIZELL'S WELCOMING SPACE OFFERS COMMUNITY AND KINSHIP FOR SENIORS FROM DIVERSE BACKGROUNDS AND LIFE EXPERIENCES. ACTIVITIES INCLUDE DAILY LUNCH SERVICE IN THE CENTER'S DINING ROOM TO THE COMPUTER LAB, ART CLASSES AND WEEKLY JAM SESSIONS. A PORTION OF OUR WEEKLY SCHEDULE IS DEVOTED TO A BROAD SPECTRUM OF WELLNESS PROGRAMS, INCLUDING FITNESS CLASSES, A VARIETY OF SUPPORT GROUPS, ENTITLEMENT AND BENEFITS ASSESSMENTS, LECTURES, MEDICAL SCREENINGS AND OUR PIONEERING FALL PREVENTION PROGRAM, A MATTER OF BALANCE. ALL OF OUR ON-SITE ACTIVITIES ARE A VITAL RESOURCE FOR ACTIVELY AGING SENIORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR AND THE TREASURER FOR REVIEW.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED ANNUALLY DURING THE BUDGETING PROCESS. THE FINANCE COMMITTEE MEETS TO DISCUSS WHAT THE EXECUTIVE DIRECTOR SHOULD BE PAID IN THE FOLLOWING YEAR BASED ON A VARIETY OF FACTORS, INCLUDING FINANCIAL PERFORMANCE AND WHAT SIMILARLY POSITIONED EXECUTIVE DIRECTORS ARE PAID AT OTHER NONPROFIT ORGANIZATIONS.
THE FINANCE COMMITTEE RECOMMENDS THEIR AMOUNT TO THE EXECUTIVE

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

MIZELL CENTER

95-3464835

COMMITTEE, WHO THEN VOTES ON IT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EXPENSES IN REVENUE \$ 64,847

FUNDRAISING EXPENSES IN REVENUE \$ -64,847

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment
Sequence No. **179****MIZELL CENTER**

Identifying number

95-3464835

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	97,420

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	97,420
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2022)
THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	40 Bridge Tables	4/01/91	3,065				3,065	5	MO200DB	3,065	0
2	10 Folding Tables	4/01/91	389				389	5	MO200DB	389	0
3	20 Folding Tables	4/01/91	905				905	5	MO200DB	905	0
4	4 High Back Chairs	4/01/91	576				576	5	MO200DB	576	0
5	8 Secretarial Chairs	4/01/91	961				961	5	MO200DB	961	0
6	Projection Screen	7/31/92	607				607	5	MO200DB	607	0
7	Office Desks	10/31/95	1,711				1,711	5	MO200DB	1,711	0
8	Bldg Improvements	1/01/92	63,192				63,192	15	MO S/L	63,192	0
9	Cabinets	8/31/92	2,700				2,700	5	MO200DB	2,700	0
10	Cashier Booth	6/30/95	2,850				2,850	15	MO S/L	2,850	0
11	Building Lighting	1/31/96	664				664	5	MO200DB	664	0
12	West Patio	10/31/92	30,076				30,076	15	MO S/L	30,076	0
13	Electronic Sign	3/15/94	27,005				27,005	7	MO200DB	27,005	0
14	Steve's Office Binding Ma	10/31/96	538				538	5	MO200DB	538	0
15	132 Chairs from PS City	9/30/96	1,991				1,991	5	MO200DB	1,991	0
16	Flag Equipment	1/01/99	321				321	3	MO200DB	321	0
17	Brochure Racks	3/31/99	2,930				2,930	7	MO200DB	2,930	0
18	Covered Patio	8/01/98	1,160				1,160	7	MO200DB	1,160	0
19	Building Improvements	9/30/98	813				813	7	MO200DB	813	0
20	Business Brochure Racks	9/30/98	2,830				2,830	7	MO200DB	2,830	0
21	CDBG Equipment	6/30/99	9,673				9,673	5	MO200DB	9,673	0
22	Reception Area Desk	2/01/00	20,140				20,140	15	MO S/L	20,140	0
23	Piano - Donated Grace Jac	6/01/00	3,500				3,500	7	MO200DB	3,500	0
24	Emergency Lights	4/30/01	3,245				3,245	7	MO200DB	3,245	0
25	Carmichael Broshure Racks	6/30/01	1,105				1,105	5	MO200DB	1,105	0
26	New Wall in Building	6/30/01	10,560				10,560	15	MO S/L	10,560	0
27	Operable Wall - AW Corp	10/22/01	10,525				10,525	10	MO S/L	10,525	0
28	Digital Thermostats	7/18/01	2,070				2,070	7	MO S/L	2,070	0
29	RPM Floor Machine	10/15/01	989				989	5	MO S/L	989	0
30	Wireless System	10/16/02	746				746	5	MO S/L	746	0
31	Kitchen Freezer	3/25/03	1,379				1,379	5	MO S/L	1,379	0
32	Bingo Machine	6/16/03	5,387				5,387	7	MO S/L	5,387	0
33	Roofing Project - CDBG	5/04/05	44,619				44,619	15	MO S/L	44,619	0
34	Roofing Project - Interac	5/04/05	1,480				1,480	15	MO S/L	1,480	0
35	Everest Freezer - Paoli	8/26/04	1,735				1,735	5	MO S/L	1,735	0
36	Everest Refrig - Paoli	8/26/04	1,993				1,993	5	MO S/L	1,993	0
37	Electric Lighting - CDBG	6/30/06	16,877				16,877	15	MO S/L	16,877	0
38	AC System/Polar Barr CDBG	3/31/07	74,709				74,709	10	MO S/L	74,709	0
39	Ansul R-102 Fire System/K	11/14/07	2,688				2,688	7	MO S/L	2,688	0
40	Front Display Led Sign	12/30/08	19,767				19,767	15	MO S/L	17,793	1,318
41	Display Sign	4/22/09	2,264				2,264	7	MO S/L	2,264	0
42	Restroom improvements	10/15/09	1,300				1,300	15	MO S/L	1,109	86
43	display sign	7/29/09	2,264				2,264	7	MO S/L	2,264	0
44	Building	3/01/90	1,415,590				1,415,590	31	MO S/L	1,370,823	44,767
45	2011 Ford Escape Hybrid	3/15/11	33,808				33,808	5	MO S/L	33,808	0
46	PROJECTION SCREEN - MOUNT	9/30/11	4,877				4,877	7	MO S/L	4,877	0
47	DISHWASHER	11/28/11	4,660				4,660	7	MO S/L	4,660	0
48	REFRIGERATOR	11/28/11	1,790				1,790	7	MO S/L	1,790	0
49	DISH TABLES	11/28/11	819				819	7	MO S/L	819	0
50	COMPUTER LAB	9/30/11	5,223				5,223	5	MO S/L	5,223	0
51	COMPUTER LAB	11/01/11	12,732				12,732	5	MO S/L	12,732	0
52	BUILDING ROOF	6/01/12	87,120				87,120	31	MO S/L	28,060	2,811
53	WALK IN REFRIG SYSTEM	2/05/13	37,928				37,928	15	MO S/L	23,315	2,528
54	AUTOMATIC FRONT DOOR	6/30/13	14,001				14,001	15	MO S/L	8,397	934
55	15 COMPUTERS	5/31/13	25,608				25,608	5	MO S/L	25,608	0
56	2013 FORD 0828	5/23/13	24,707				24,707	7	MO S/L	24,707	0
58	2014 Nissan Versa SV	4/23/14	16,287				16,287	7	MO S/L	16,287	0
	Mass Sale: 6/30/23										
59	2014 Nissan Versa SV	4/23/14	15,537				15,537	7	MO S/L	15,537	0
	Mass Sale: 6/30/23										
60	Vinyl Flooring	6/15/15	7,241				7,241	10	MO S/L	5,116	724
61	Convection Oven/Range	6/26/15	15,991				15,991	7	MO S/L	15,991	0
63	2015 NV200 Cargo Van	11/23/15	21,288				21,288	7	MO S/L	19,020	2,268
64	Cat 5 Fiber Cable	11/19/15	6,054				6,054	15	MO S/L	2,659	403
65	Internal TV & Programing	3/03/16	4,944				4,944	7	MO S/L	4,471	473
66	HD Security Cameras	1/31/16	4,026				4,026	7	MO S/L	3,690	336
67	carpet	3/22/17	12,396				12,396	10	MO S/L	6,510	1,239
68	drapery	4/19/17	4,695				4,695	10	MO S/L	2,428	469
69	2018 Kia Soul	10/24/17	17,850				17,850	7	MO S/L	10,900	2,550
70	Computer Server	3/30/18	11,595				11,595	5	MO S/L	8,856	2,319

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
71	Carpet	1/17/18	6,542				6,542	10 MO S/L	2,889	654
72	ABA Roof	6/12/19	73,200				73,200	15 MO S/L	14,047	4,880
73	2017 GMC Savana 2500	7/19/19	20,000				20,000	7 MO S/L	6,833	2,857
74	2020 Nissan NV200	6/25/20	27,352				27,352	7 MO S/L	6,314	3,908
75	2020 Nissan NV1500	6/25/20	34,204				34,204	7 MO S/L	8,272	4,886
76	Bathroom Remodel	6/01/20	25,232				25,232	10 MO S/L	5,256	2,523
77	Additional ABA Roof	7/11/19	108				108	15 MO S/L	21	7
78	Bathroom remodel accessor	8/05/20	2,527				2,527	10 MO S/L	485	252
79	Plumbing, tile & drywall	9/15/20	2,699				2,699	10 MO S/L	495	270
80	Electronic sign	4/15/21	11,221				11,221	30 MO S/L	468	374
81	Electronic Sign	4/15/21	11,221				11,221	30 MO S/L	468	374
82	Air Scrubbers (Covid)	4/27/21	7,350				7,350	10 MO S/L	858	735
83	Ceiling tiles	6/02/21	3,582				3,582	7 MO S/L	555	511
84	Three-Section refrigerato	2/12/21	20,834				20,834	5 MO S/L	4,563	4,166
85	Banquet chairs	2/12/21	10,488				10,488	5 MO S/L	2,972	2,097
86	2021 Nissan NV200	6/16/21	9,594				9,594	7 MO S/L	1,371	1,370
91	Outdoor lighting	6/13/22	6,106				6,106	15 MO S/L	34	407
92	Audiovisual Equipment	2/28/22	11,819				11,819	7 MO S/L	563	1,688
93	2021 Nissan NV200 Minivan	5/09/22	13,481				13,481	7 MO S/L	321	1,926
95	Bathroom Water Heater	6/22/23	7,416				7,416	10 MO S/L	0	0
96	POS Terminal & Software	8/01/22	2,371				2,371	7 MO S/L	0	310
Total Other Depreciation			<u>2,498,413</u>				<u>2,498,413</u>		<u>2,095,203</u>	<u>97,420</u>
Total ACRS and Other Depreciation			<u>2,498,413</u>				<u>2,498,413</u>		<u>2,095,203</u>	<u>97,420</u>
Grand Totals			2,498,413				2,498,413		2,095,203	97,420
Less: Dispositions and Transfers			31,824				31,824		31,824	0
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>2,466,589</u>				<u>2,466,589</u>		<u>2,063,379</u>	<u>97,420</u>

CA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other Depreciation:								
1	40 Bridge Tables	4/01/91	3,065	3,065	3,065	0	0	0
2	10 Folding Tables	4/01/91	389	389	389	0	0	0
3	20 Folding Tables	4/01/91	905	905	905	0	0	0
4	4 High Back Chairs	4/01/91	576	576	576	0	0	0
5	8 Secretarial Chairs	4/01/91	961	961	961	0	0	0
6	Projection Screen	7/31/92	607	607	607	0	0	0
7	Office Desks	10/31/95	1,711	1,711	1,711	0	0	0
8	Bldg Improvements	1/01/92	63,192	63,192	63,192	0	0	0
9	Cabinets	8/31/92	2,700	2,700	2,700	0	0	0
10	Cashier Booth	6/30/95	2,850	2,850	2,850	0	0	0
11	Building Lighting	1/31/96	664	664	664	0	0	0
12	West Patio	10/31/92	30,076	30,076	30,076	0	0	0
13	Electronic Sign	3/15/94	27,005	27,005	27,005	0	0	0
14	Steve's Office Binding Ma	10/31/96	538	538	538	0	0	0
15	132 Chairs from PS City	9/30/96	1,991	1,991	1,991	0	0	0
16	Flag Equipment	1/01/99	321	321	321	0	0	0
17	Brochure Racks	3/31/99	2,930	2,930	2,930	0	0	0
18	Covered Patio	8/01/98	1,160	1,160	1,160	0	0	0
19	Building Improvements	9/30/98	813	813	813	0	0	0
20	Business Brochure Racks	9/30/98	2,830	2,830	2,830	0	0	0
21	CDBG Equipment	6/30/99	9,673	9,673	9,673	0	0	0
22	Reception Area Desk	2/01/00	20,140	20,140	20,140	0	0	0
23	Piano - Donated Grace Jac	6/01/00	3,500	3,500	3,500	0	0	0
24	Emergency Lights	4/30/01	3,245	3,245	3,245	0	0	0
25	Carmichael Broshure Racks	6/30/01	1,105	1,105	1,105	0	0	0
26	New Wall in Building	6/30/01	10,560	10,560	10,560	0	0	0
27	Operable Wall - AW Corp	10/22/01	10,525	10,525	10,525	0	0	0
28	Digital Thermostats	7/18/01	2,070	2,070	2,070	0	0	0
29	RPM Floor Machine	10/15/01	989	989	989	0	0	0
30	Wireless System	10/16/02	746	746	746	0	0	0
31	Kitchen Freezer	3/25/03	1,379	1,379	1,379	0	0	0
32	Bingo Machine	6/16/03	5,387	5,387	5,387	0	0	0
33	Roofing Project - CDBG	5/04/05	44,619	44,619	44,619	0	0	0
34	Roofing Project - Interac	5/04/05	1,480	1,480	1,480	0	0	0
35	Everest Freezer - Paoli	8/26/04	1,735	1,735	1,735	0	0	0
36	Everest Refrig - Paoli	8/26/04	1,993	1,993	1,993	0	0	0
37	Electric Lighting - CDBG	6/30/06	16,877	16,877	16,877	0	0	0
38	AC System/Polar Barr CDBG	3/31/07	74,709	74,709	74,709	0	0	0
39	Ansul R-102 Fire System/K	11/14/07	2,688	2,688	2,688	0	0	0
40	Front Display Led Sign	12/30/08	19,767	19,767	17,793	1,318	1,318	0
41	Display Sign	4/22/09	2,264	2,264	2,264	0	0	0
42	Restroom improvements	10/15/09	1,300	1,300	1,109	86	86	0
43	display sign	7/29/09	2,264	2,264	2,264	0	0	0
44	Building	3/01/90	1,415,590	1,415,590	1,370,823	44,767	44,767	0
45	2011 Ford Escape Hybrid	3/15/11	33,808	33,808	33,808	0	0	0
46	PROJECTION SCREEN - MOUNT	9/30/11	4,877	4,877	4,877	0	0	0
47	DISHWASHER	11/28/11	4,660	4,660	4,660	0	0	0
48	REFRIGERATOR	11/28/11	1,790	1,790	1,790	0	0	0
49	DISH TABLES	11/28/11	819	819	819	0	0	0
50	COMPUTER LAB	9/30/11	5,223	5,223	5,223	0	0	0
51	COMPUTER LAB	11/01/11	12,732	12,732	12,732	0	0	0
52	BUILDING ROOF	6/01/12	87,120	87,120	28,060	2,811	2,811	0
53	WALK IN REFRIG SYSTEM	2/05/13	37,928	37,928	23,315	2,528	2,528	0
54	AUTOMATIC FRONT DOOR	6/30/13	14,001	14,001	8,397	934	934	0
55	15 COMPUTERS	5/31/13	25,608	25,608	25,608	0	0	0
56	2013 FORD 0828	5/23/13	24,707	24,707	24,707	0	0	0
58	2014 Nissan Versa SV	4/23/14	16,287	16,287	16,287	0	0	0
Mass Sale: 6/30/23								
59	2014 Nissan Versa SV	4/23/14	15,537	15,537	15,537	0	0	0
Mass Sale: 6/30/23								
60	Vinyl Flooring	6/15/15	7,241	7,241	5,116	724	724	0
61	Convection Oven/Range	6/26/15	15,991	15,991	15,991	0	0	0
63	2015 NV200 Cargo Van	11/23/15	21,288	21,288	19,020	2,268	2,268	0
64	Cat 5 Fiber Cable	11/19/15	6,054	6,054	2,659	403	403	0
65	Internal TV & Programing	3/03/16	4,944	4,944	4,471	473	473	0
66	HD Security Cameras	1/31/16	4,026	4,026	3,690	336	336	0
67	carpet	3/22/17	12,396	12,396	6,510	1,239	1,239	0
68	drapery	4/19/17	4,695	4,695	2,428	469	469	0
69	2018 Kia Soul	10/24/17	17,850	17,850	10,900	2,550	2,550	0
70	Computer Server	3/30/18	11,595	11,595	8,856	2,319	2,319	0

CA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
71	Carpet	1/17/18	6,542	6,542	2,889	654	654	0
72	ABA Roof	6/12/19	73,200	73,200	14,047	4,880	4,880	0
73	2017 GMC Savana 2500	7/19/19	20,000	20,000	6,833	2,857	2,857	0
74	2020 Nissan NV200	6/25/20	27,352	27,352	6,314	3,908	3,908	0
75	2020 Nissan NV1500	6/25/20	34,204	34,204	8,272	4,886	4,886	0
76	Bathroom Remodel	6/01/20	25,232	25,232	5,257	2,523	2,523	0
77	Additional ABA Roof	7/11/19	108	108	22	7	7	0
78	Bathroom remodel accessor	8/05/20	2,527	2,527	485	252	252	0
79	Plumbing, tile & drywall	9/15/20	2,699	2,699	495	270	270	0
80	Electronic sign	4/15/21	11,221	11,221	468	374	374	0
81	Electronic Sign	4/15/21	11,221	11,221	468	374	374	0
82	Air Scrubbers (Covid)	4/27/21	7,350	7,350	858	735	735	0
83	Ceiling tiles	6/02/21	3,582	3,582	555	511	511	0
84	Three-Section refrigerato	2/12/21	20,834	20,834	4,563	4,166	4,166	0
85	Banquet chairs	2/12/21	10,488	10,488	2,972	2,097	2,097	0
86	2021 Nissan NV200	6/16/21	9,594	9,594	1,371	1,370	1,370	0
91	Outdoor lighting	6/13/22	6,106	6,106	34	407	407	0
92	Audiovisual Equipment	2/28/22	11,819	11,819	563	1,688	1,688	0
93	2021 Nissan NV200 Minivan	5/09/22	13,481	13,481	321	1,926	1,926	0
95	Bathroom Water Heater	6/22/23	7,416	7,416	0	0	0	0
96	POS Terminal & Software	8/01/22	2,371	2,371	0	310	310	0
Total Other Depreciation			<u>2,498,413</u>	<u>2,498,413</u>	<u>2,095,205</u>	<u>97,420</u>	<u>97,420</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,498,413</u>	<u>2,498,413</u>	<u>2,095,205</u>	<u>97,420</u>	<u>97,420</u>	<u>0</u>
Grand Totals			2,498,413	2,498,413	2,095,205	97,420	97,420	0
Less: Dispositions			31,824	31,824	31,824	0	0	0
Less: Start-up/Org Expense			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net Grand Totals			<u>2,466,589</u>	<u>2,466,589</u>	<u>2,063,381</u>	<u>97,420</u>	<u>97,420</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2022
Description THRIFT STORE		
Name MIZELL CENTER		Taxpayer Identification Number 95-3464835

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	58,527
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	58,527
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	58,527

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet Description MAKING MAGIC WITH MIZELL	2022
Name MIZELL CENTER		Taxpayer Identification Number 95-3464835

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	20,400
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	154,112
7. Total revenue. Add lines 1 through 6	7.	174,512
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	64,847
15. Total expenses. Add lines 8 through 14	15.	64,847
16. Net Income/Loss. Line 7 minus Line 15	16.	109,665

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	27,688
Rent and facility costs	29,287
Food & beverages (Part II only)	
Entertainment (Part II only)	800
Other direct expenses	7,072
Total Fundraising Expense	64,847

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2022
Description MANAGEMENT CONTRACT		
Name MIZELL CENTER		Taxpayer Identification Number 95-3464835

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	233,884
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	233,884
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	233,884

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990/990PF**

Rent Income and Deduction Worksheet

Description **RENT 1**

2022

Name
MIZELL CENTER

Taxpayer Identification Number
95-3464835

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents

1. **51,960**

Expenses (see details on worksheets below):

2. Fees for services

2.

3. Depreciation Expense

3.

4. Direct Expense

4.

5. Total expenses. Add lines 8 through 12

5.

6. Net Income/Loss. Line 7 minus Line 13

6. **51,960**

Expense Details - Fees for Services:

Accounting

Legal

Commissions

Management

Other Professional Fees

Total Fees for Services

Expense Details - Depreciation Expense:

On non-investment property

On investment property

Amortization

Depletion

Total Depreciation Expense

Expense Details - Direct Expense:

Interest

Taxes/licenses

Occupancy Expenses

Repairs & Maintenance

Travel/conferences/meetings

Printing & Publication

Advertising

Insurance

Utilities

Supplies

Other expenses

Total Direct Expense

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code Seq #

☐ Part IV, Rent Income

☐ Part V, Debt Financing

☐ Part VI, Controlled Org Income

☐ Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ

First

Second

Third

All other

Form 990	Two Year Comparison Report For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23	2021 & 2022
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Name MIZELL CENTER	Taxpayer Identification Number 95-3464835
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		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1. 789,692	1,640,383	850,691
	2. Membership dues and assessments	2. 102,136	90,749	-11,387
	3. Government contributions and grants	3. 1,669,370	1,918,670	249,300
	4. Program service revenue	4. 409,138	485,368	76,230
	5. Investment income	5. 34	1,004	970
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 8,161	2,000	-6,161
	8. Net income or (loss) from fundraising events	8. 106,339	-44,447	-150,786
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 53,253	58,527	5,274
	11. Other revenue	11. 207,414	387,285	179,871
	12. Total revenue. Add lines 1 through 11	12. 3,345,537	4,539,539	1,194,002
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 121,268	231,548	110,280
	16. Salaries, other compensation, and employee benefits	16. 1,656,150	1,810,188	154,038
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 48,667	30,713	-17,954
	19. Occupancy, rent, utilities, and maintenance	19. 156,397	246,035	89,638
	20. Depreciation and Depletion	20. 48,463	97,426	48,963
	21. Other expenses	21. 1,068,827	1,515,800	446,973
	22. Total expenses. Add lines 13 through 21	22. 3,099,772	3,931,710	831,938
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 245,765	607,829	362,064
Other Information	24. Total exempt revenue	24. 3,345,537	4,539,539	1,194,002
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 678,000	934,184	256,184
	27. Total assets	27. 1,592,043	2,291,183	699,140
	28. Total liabilities	28. 160,154	151,613	-8,541
	29. Retained earnings	29. 1,431,889	2,139,570	707,681
	30. Number of voting members of governing body	30. 10	12	
	31. Number of independent voting members of governing body	31. 9	12	
	32. Number of employees	32. 53	61	
	33. Number of volunteers	33. 75	75	

Form 990	Tax Return History		2022
Name MIZELL CENTER		Employer Identification Number 95-3464835	

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants			2,855,618	2,459,062	3,559,053	
Membership dues			81,710	102,136	90,749	
Program service revenue			509,683	409,138	485,368	
Capital gain or loss				8,161	2,000	
Investment income			50	34	1,004	
Fundraising revenue (income/loss)			-3,873	106,339	-44,447	
Gaming revenue (income/loss)						
Other revenue			7,241	260,667	445,812	
Total revenue			3,450,429	3,345,537	4,539,539	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			149,266	121,268	231,548	
Other compensation			1,270,052	1,656,150	1,810,188	
Professional fees			46,345	48,667	30,713	
Occupancy costs			137,647	156,397	246,035	
Depreciation and depletion			84,001	48,463	97,426	
Other expenses			1,088,963	1,068,827	1,515,800	
Total expenses			2,776,274	3,099,772	3,931,710	
Excess or (Deficit)			674,155	245,765	607,829	
Total exempt revenue			3,450,429	3,345,537	4,539,539	
Total unrelated revenue						
Total excludable revenue			516,974	678,000	934,184	
Total Assets			1,260,101	1,592,043	2,291,183	
Total Liabilities			131,879	160,154	151,613	
Net Fund Balances			1,128,222	1,431,889	2,139,570	

Taxable Interest on Investments

Description						
	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
TAXABLE INTEREST	\$ 1,004			3		
TOTAL	\$ 1,004					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 29,212	\$ 17,132	\$ 6,530	\$ 5,550
TOTAL	\$ 29,212	\$ 17,132	\$ 6,530	\$ 5,550

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER EXPENSES	\$ 47,916	\$ 35,320	\$ 4,662	\$ 7,934
TOTAL	\$ 47,916	\$ 35,320	\$ 4,662	\$ 7,934

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
MEMBERSHIP DUES	\$ 38,783
MEMBERSHIP DUES	51,966
GOVERNMENT GRANTS	1,125,410
GENERAL CONTRIBUTIONS	327,667
OTHER GRANTS	213,808
BANK OF AMERICA CHARITABLE FOUNDATIO	10,000
CASH CONTRIBUTION	8,000
BIGHORN GOLF CLUB CHARITIES	7,872
CASH CONTRIBUTION	500,726
CITY OF INDIO	99,852
CASH CONTRIBUTION	15,100
CITY OF PALM SPRINGS	25,000
CASH CONTRIBUTION	72,480
OFFICE RENT	11,000
CONTOUR DERMATOLOGY	60,000
CASH CONTRIBUTION	15,000
DESERT CARE NETWORK/ DESERT REGIONAL	20,300
CASH CONTRIBUTION	50,000
DESERT OASIS HEALTHCARE	100,000
CASH CONTRIBUTION	15,000
EISENHOWER HEALTH/ EISENHOWER MEDICA	5,700
CASH CONTRIBUTION	6,500
EVANS FAMILY FOUNDATION	6,150
CASH CONTRIBUTION	
FOUNDATION FOR HUMAN ENRICHMENT	
CASH CONTRIBUTION	
GRACE HELEN SPEARMAN CHARITABLE FOUN	
CASH CONTRIBUTION	
H.N. AND FRANCES C BERGER FOUNDATION	
CASH CONTRIBUTION	
JEROME AND ANASTASIA ANGEL CHARITABL	
CASH CONTRIBUTION	
JEWISH FEDERATION OF THE DESERT	
CASH CONTRIBUTION	
MR. AND MRS. WIL STILES	
CASH CONTRIBUTION	
MR. BOB ILES	
CASH CONTRIBUTION	
MR. BRIAN WACHS	
CASH CONTRIBUTION	

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Schedule A, Part II, Line 1(e) (continued)

Description	Amount
MR. DAVID STEWART	
CASH CONTRIBUTION	24,290
MR. GARY MILLER	
CASH CONTRIBUTION	10,500
MR. JOHN AAROE	
CASH CONTRIBUTION	7,850
MR. MICHAEL MELANCON	
CASH CONTRIBUTION	5,160
MR. TIM HOHMEIER	
CASH CONTRIBUTION	8,560
MRS. CAROL FRAGEN	
CASH CONTRIBUTION	61,505
MS. BOBBI LAMPROS	
CASH CONTRIBUTION	5,325
MS. CYNTHIA KENNAN WILLIAMS	
CASH CONTRIBUTION	29,000
MS. DOROTHY MEYERMAN	
CASH CONTRIBUTION	100,000
MS. MARY MIX LIVINGSTON	
CASH CONTRIBUTION	12,860
NONPROFITS INSURANCE ALLIANCE OF CA	
CASH CONTRIBUTION	5,004
PALM SPRINGS BOARD OF REALTORS	
CASH CONTRIBUTION	7,000
PALM SPRINGS DISPOSAL SERVICES	
CASH CONTRIBUTION	20,400
PALM SPRINGS GAY MEN'S CHORUS	
CASH CONTRIBUTION	6,600
PALM SPRINGS MARATHON RUNNERS	
CASH CONTRIBUTION	15,000
SCAN HEALTH PLAN	
CASH CONTRIBUTION	15,250
THE CHAMPIONS VOLUNTEER FOUNDATION	
CASH CONTRIBUTION	6,000
THE COETA AND DONALD BARKER FOUNDA	
CASH CONTRIBUTION	25,000
THE DAVID AARON ROOT LIVING TRUST	
CASH CONTRIBUTION	109,262
THE HOUSTON FAMILY FOUNDATION	
CASH CONTRIBUTION	50,000

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Schedule A, Part II, Line 1(e) (continued)

Description	Amount
DESERT HEALTHCARE DISTRICT	
CASH CONTRIBUTION	\$ 184,810
MAKING MAGIC WITH MIZELL	
CASH CONTRIBUTION	133,912
AUCTION ITEMS	20,200
TOTAL	\$ 3,649,802

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BANK OF AMERICA CHARITABLE FOUNDATIO	\$ 10,000	\$
BIGHORN GOLF CLUB CHARITIES	8,000	
CITY OF INDIO	7,872	
CITY OF PALM SPRINGS	600,578	321,732
CONTOUR DERMATOLOGY	15,100	
DESERT CARE NETWORK/ DESERT REGIONAL	25,000	
DESERT OASIS HEALTHCARE	72,480	
EISENHOWER HEALTH/ EISENHOWER MEDICA	11,000	
EVANS FAMILY FOUNDATION	60,000	
FOUNDATION FOR HUMAN ENRICHMENT	15,000	
GRACE HELEN SPEARMAN CHARITABLE FOUN	20,300	
H.N. AND FRANCES C BERGER FOUNDATION	50,000	
JEROME AND ANASTASIA ANGEL CHARITABL	100,000	
JEWISH FEDERATION OF THE DESERT	15,000	
MR. AND MRS. WIL STILES	5,700	
MR. BOB ILES	6,500	
MR. BRIAN WACHS	6,150	
MR. DAVID STEWART	24,290	
MR. GARY MILLER	10,500	
MR. JOHN AAROE	7,850	
MR. MICHAEL MELANCON	5,160	
MR. TIM HOHMEIER	8,560	
MRS. CAROL FRAGEN	61,505	
MS. BOBBI LAMPROS	5,325	
MS. CYNTHIA KENNAN WILLIAMS	29,000	
MS. DOROTHY MEYERMAN	100,000	
MS. MARY MIX LIVINGSTON	12,860	
NONPROFITS INSURANCE ALLIANCE OF CA	5,004	
PALM SPRINGS BOARD OF REALTORS	7,000	
PALM SPRINGS DISPOSAL SERVICES	20,400	
PALM SPRINGS GAY MEN'S CHORUS	6,600	
PALM SPRINGS MARATHON RUNNERS	15,000	
SCAN HEALTH PLAN	15,250	
THE CHAMPIONS VOLUNTEER FOUNDATION	6,000	
THE COETA AND DONALD BARKER FOUNDA	25,000	
THE DAVID AARON ROOT LIVING TRUST	109,262	
THE HOUSTON FAMILY FOUNDATION	50,000	
DESERT HEALTHCARE DISTRICT	184,810	
TOTAL	\$ <u>1,738,056</u>	\$ <u>321,732</u>

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Schedule A, Part II, Line 8(e)

Description

Amount
\$ 1,004
\$ 1,004

TAXABLE INTEREST
TOTAL

Schedule A, Part II, Line 12 - Current year

Description

Amount
\$ 247,832
63,709
173,827
58,527
20,400
233,884
51,960
\$ 850,139

MEALS ON WHEELS
NUTRITION/CONGREGATE
VARIOUS PROGRAMS/CLASSES
THRIFT STORE
MAKING MAGIC WITH MIZELL
MANAGEMENT CONTRACT
RENT 1
TOTAL

MAKING MAGIC WITH MIZELL

Other Direct Fundraising or Gaming Expenses

Description	Amount
DIRECT MAILING	\$ 3,994
SUPPLIES	321
DESIGN & PRINT	2,757
TOTAL	\$ 7,072