EXTENSION ATTACHED

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For t	he 2021 calen	dar year, or tax ye	ar beginning	j 10/01		, 2021, a	and endin	g 9/	30	,	20 2022	
В	Check	if applicable:	С							D Employ	er identi	ification number	
	Ad	ddress change	MADRE, Inc.							13-	3280	194	
		ame change	121 West 27		et Suite	604				E Telepho			
		-	New York, N		oc, barco	001				· ·			
	In	nitial return	1011 10111, 11	1 10001						(21.	2) 6.	27-0444	
	Fir	nal return/terminated											
	1A	mended return								G Gross r	eceipts 🖁	\$ 31,158,	341.
	Αı	pplication pending	F Name and address	of principal offic	er: Vifat C	ucckind			H(a) Is this	a group retur	n for sub	ordinates? Yes	X No
	ш .	., .	Same As C A	hove	IIIac 5	usskillo			H(b) Are all	l subordinates " attach a list	included	d? Yes	No
$\overline{}$	Tav	-exempt status:		501(c) () ◀ (insert no.) 1/0/17/	(a)(1) or	527	If "No,	" attach a list	. See ins	tructions.	
) · (IIISELL IIU.	4347	(1) (1)	327			_		
J			w.madre.org	1 1						exemption nu			
K		n of organization:	X Corporation	Trust Ass	ociation Other	r►	L Ye	ear of formati	ion: 198	3 M s	State of le	egal domicile: NY	
Pa	ırt I	Summar											
	1	Briefly descri	be the organization	n's mission o	or most signific	ant activitie	s:MADI	RE Inc	.'s mi	ssion	is t	o advance	
4.			human right:										a
Governance			s to the cr										<i></i>
na		22-42-51											
ē	2	Check this bo	ov ► Lifthe ord	anization di	scontinued its	operations	or dieno	sed of mo	ore than 3	25% of its	not ac		
ē	3		oting members of t								3	3013.	12
	4		dependent voting								4		12
Se	5		of individuals em								5		12 31
ŧ	6										6		
Activities &	_		of volunteers (est										22
ď			ed business revenu								7a		0.
	b	Net unrelated	business taxable	income from	1 Form 990-1, I	Part I, line	11				7b		0.
										Prior Year		Current Ye	
d)	8		and grants (Part '						-	9,834,6	82.	30,557,	675.
Revenue	9	Program serv	vice revenue (Part	VIII, line 2g))								
, Ke	10	Investment in	ncome (Part VIII, c	olumn (A), li	ines 3, 4, and 3	7d)				205,1	18.	147,	,912.
æ	11	Other revenu	e (Part VIII, colum	n (A), lines!	5, 6d, 8c, 9c, 1	0c, and 11	e)			38,1	55.		,116.
	12		e – add lines 8 thr							0,077,9		30,735,	
	13		imilar amounts pai							3,470,5		3,905,	
	14		to or for members							J,410, C	,05.	3, 303,	073.
ģ	15		er compensation, e							3,065,7	00.	3,218,	233.
Se	16a	Professional	fundraising fees (F	² art IX, colur	mn (A), line 11	e)				73,1	.00	78,	,000.
Expenses	h	Total fundrais	sing expenses (Pa	rt IX. column	ı (D), line 25) !	•	820	0,210.		·			
Ä	17									2 2 6 4 4	70	2 500	
			ses (Part IX, colum							2,364,4		3,529,	
	18		es. Add lines 13-13							3,973,8	355.	10,730,	,813.
	19	Revenue less	s expenses. Subtra	act line 18 fro	om line 12				. _ 1	1,104,1	.00.	20,004,	890.
5 g									Beginni	ng of Currer	t Year	End of Ye	ar
ets and	20	Total assets	(Part X, line 16)						. 15	5,494,0	152.	34,384,	161.
Net Assets Fund Balanc	21	Total liabilitie	es (Part X, line 26)							799,7			700.
₹ E	20									•			
			fund balances. Su	Jouract line 2	11 Irom line 20				. 14	4,694,3	343.	33,885,	461.
Pa	ırt II	Signatur	e Block										
Unde	er penal	Ities of perjury, I de	eclare that I have examinarer (other than officer) is	ned this return, in	cluding accompany	ing schedules a	nd statem	ents, and to	the best of n	ny knowledge	and belie	ef, it is true, correct,	and
com	plete. D	eclaration of prepa	arer (other than officer) is	s based on all inf	ormation of which p	reparer has an	y knowledo	ge.					
Sig	ın	Signatu	re of officer						Da	ate			
He	re	V: f	at Cuaakind						Evrog	utive l	74 2		
110	10		at Susskind						Exec	utive i	JII.		
		71						5.1		1		DTIN	
			preparer's name		parer's signature	11/5		Date	10000	Check	if	PTIN	
Pa	id	Michae	el Schall	Mi	chael Sch	ia (1	(8/10/	2023	self-employ	ed	P02024184	
	epare					-							
Us	e On	ily Firm's addre			ARKWAY; S	ΨF. 3				Firm's FIN	▶ 21-	-2950760	
		, initis additi				<u>т</u> п Э							1
N 4	. 41	IDC 4li-		ANY, NJ						Phone no.	(212		
Ma	y tne I	iks aiscuss th	is return with the	preparer sho	wn above? Se	e instructio	າຣ					. X Yes	No

Form **8879-TE**

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 10/01 , 2021, and ending 9/30 , 20 2022

Do not could take IDC Know forwards

► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

2021

EIN or SSN

OMB No. 1545-0047

MADRE, Inc. 13-3280194 Name and title of officer or person subject to tax Yifat Susskind Executive Dir. Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **1a Form 990** check here ▶ X **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) **1b** 30,735,703. 2a Form 990-EZ check here... 3a Form 1120-POL check here ▶ 4a Form 990-PF check here . . ▶ 5a Form 8868 check here ▶ 6a Form 990-T check here. . . . ▶ 7a Form 4720 check here ▶ 8a Form 5227 check here ▶ 9a Form 5330 check here ▶ b Amount of credit payment requested (Form 8038-CP, Part III, line 22).... 10b 10a Form 8038-CP check here. ▶ Part II Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or I I am a person subject to tax with respect to Under penalties of perjury, I declare that (name of entity) _______, (EIN) ______, and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X authorize SAX LLP to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 8/10/23 Signature of officer or person subject to tax Date ▶ Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 20907277777 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Michael Schall ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only subr	nit origin	al (no copies needed).			
All corporations required to file an income tax return other the			s, RE	MICs, and	trusts must
use Form 7004 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	tax returns	5.	Taxpa	yer identificati	ion number (TIN)
Type or					
MADRE, Inc.			13-	3280194	1
File by the Number, street, and room or suite number. If a P.O. box, see in	nstructions.		120	0_0_0_	<u>-</u>
due date for filing your 121 West 27th Street, Suite 60	04				
return. See City, town or post office, state, and ZIP code. For a foreign add instructions.	ress, see instru	actions.			
New York, NY 10001					
Enter the Return Code for the return that this application is for	or (file a se	parate application for each return)			01
Application	Return	Application			Return
ls For	Code	ls For			Code
Form 990 or Form 990-EZ	01	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
Form 990-T (corporation)	07				
Telephone No. ► (212) 627-0444 • If the organization does not have an office or place of bus • If this is for a Group Return, enter the organization's four check this box ►	digit Group	e United States, check this box	this is		
1 I request an automatic 6-month extension of time until for the organization named above. The extension is for ▶ □ calendar year 20 □ or ▶ ☒ tax year beginning 10/01 □ , 20 21 2 If the tax year entered in line 1 is for less than 12 mont □ Change in accounting period	the organiz	ng <u>9/30</u> , ²⁰ <u>22</u> .	zation al retu		
3a If this application is for Forms 990-PF, 990-T, 4720, or nonrefundable credits. See instructions	6069, enter	the tentative tax, less any	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpayment	6069, enter nt allowed a	any refundable credits and estimated as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include you EFTPS (Electronic Federal Tax Payment System). See	r payment v instructions	with this form, if required, by using	3 c	\$	0.
Caution: If you are going to make an electronic funds withdra payment instructions.	awal (direct	debit) with this Form 8868, see Form 84	53-TE	and Form	8879-TE for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form 990 (2021) MADRE, Inc. 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)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
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? If 'Yes,' complete Schedule C, Part II	4	Х	
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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	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>	11 a	Х	
t	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
6	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2021) MADRE, Inc. 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? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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>	23	X	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
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</i> 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
(c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			\neg
	Check if Schedule O contains a response or note to any line in this Part V			
1 :	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	
BAA	TEEA0104L 09/22/21	Form	990 ((2021

Form 990 (2021) MADRE, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
28	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 31			
ı	of If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	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)?	4 a		Х
	o 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).			
5 -	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		Х
	a If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	, ,			
Č	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?	7 a		Х
ı	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Find the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	ļ	
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 g 7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 11		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
i	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
ä	a Initiation fees and capital contributions included on Part VIII, line 12			
ı	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
ä	a Gross income from members or shareholders			
ı	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
č	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a 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	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	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		Х
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 12 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..... 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0....... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > See Schedule O 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 X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Yifat Susskind 121 West 27th Street, Suite 604 New York NY 10001 (212)

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and title	(B) Average hours	thar	n one	box, an c	unles officer /truste	,	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Yifat Susskind	$-\frac{40}{2}$			17				061 005	0	60,000
Executive Dir.	0			Χ				261,025.	0.	69,822.
	$-\frac{32}{0}$					Х		216,399.	0.	28,737.
(3) Diana D Duarte	40					21		210,000.	•	20/1011
P&C Director	0 -					Х		100,725.	0.	40,729.
(4) Jennifer M Kirby	32							·		
HumanRightsAdvDir	0					Х		113,568.	0.	14,846.
(5) Natalia Caruso	40									
Dir of Grantmaking	0					Χ		112,656.	0.	3,907.
(6) Blaine Bookey	3	37		v				0	0	0
Board Co Chair	3	Х		Χ				0.	0.	0.
	3	Х		Χ				0.	0.	0.
(8) Elz Cuya Jones	3							<u> </u>	· ·	<u> </u>
Treasurer	0	Х		Χ				0.	0.	0.
(9) Anna Kennedy	3									
Secretary	0	Χ		Χ				0.	0.	0.
(10) Anika Rahman	3									_
Chair	0	Χ		Χ				0.	0.	0.
(11) Chris Price	3									
Director	0	Х						0.	0.	0.
(12) Carla Christofferson	3									
Director	0	Χ						0.	0.	0.
(13) Louisa Shipnuck Jones	3							_		_
Director	0	Х			 			0.	0.	0.
(14) Nadia Allaudin	3	17						_	^	^
Director	0	Χ						0.	0.	0.

Form 990 (2021) MADRE, Inc. 13-328019										Page 8	
Part VII Section A. Officers, Directors, Tru		Key	En	_	_	es, a	and	d Highest Com	pensated Emp	loyees	(continued)
(A) Name and title	Average hours per week	offic	, unle cer ar	ess pe nd a d	sition more erson direct	than is both or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	C	(F) ated amount of other
	below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	relatéd organizations (W-2/1099- MISC/1099-NEC)	the o	nsation from rganization d related anizations
(15) Ramatu Bangura Director	3	X						0.	0.		0.
(16) Rhonda Diaz Caldeway Director	3	Х						0.	0.		0.
(17) William Spear Director	3	Х						0.	0.		0.
<u>(18)</u>								0.	<u> </u>		<u> </u>
(19)		-									
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Subtotal							>	804,373.	0.	1	58,041.
c Total from continuation sheets to Part VII, Sectid Total (add lines 1b and 1c)							-	0. 804,373.	0.	1	0. 58,041.
2 Total number of individuals (including but not limited from the organization ► 5							ved				
3 Did the organization list any former officer, direct	.	منام					اید: ما		amanla va a		Yes No
on line 1a? If 'Yes,' compléte Schedule J for suc	h individu	aĺ	·							. 3	Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If 'Y	es,	com	ple	te Schedule J for		. 4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' comple	satio te So	n fr chec	om i dule	any <i>J fo</i>	unre r suc	late h p	ed organization or erson	individual	. 5	X
1 Complete this table for your five highest compen compensation from the organization. Report compensation from the organization.	sated inde	epen the c	den alen	t cor	ntra vear	ctors endi	tha	it received more the	nan \$100,000 of ganization's tax year		
(A) Name and business add								(B) Description o		((C) Insation
NCheng LLP 40 Wall Street, Suite 3222 New	York, N	Y 10	005					Financial Mgm	t.	4	78,203.
2 Total number of independent contractors (including the \$100,000 of compensation from the organization		ited to	o the	ose I	isted	d abo	ve)	who received more	than		
<u> </u>											

	n 990 (2021) MADRE, Inc.			13-3280194	Page 9
Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to	any line in this Part VII (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	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e 4,136,284 f All other contributions, gifts, grants, and similar amounts not included above 1 f 26,421,391 g Noncash contributions included in lines 1a-1f 1 g 678,667 h Total. Add lines 1a-1f Business Code				
Program Service Revenue	b c d e f All other program service revenue g Total. Add lines 2a-2f	b			
	3 Investment income (including dividends, interest, and other similar amounts)	57,300.			57,300.
	d Net rental income or (loss)				
Other Revenue	d Net gain or (loss)	90,612.			90,612.
O	9 a Gross income from gaming activities. See Part IV, line 19	P			
<u></u>	10 a Gross sales of inventory, less	•			
iscellaneous Revenue	110 000000	25,387. 4,729.	25,387. 4,729.		

30,116

30,116.

0.

e Total. Add lines 11a-11d

12 Total revenue. See instructions.....

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 r	,	<u> </u>	, , ,	X
Do 1	not include amounts reported on lines 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	8,600.	8,600.		·
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	3,896,473.	3,896,473.		
4 5	Benefits paid to or for members	333,834.	283,759.	16,692.	33,383.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	2,192,812.	1,806,868.	119,987.	265,957.
8	Pension plan accruals and contributions	2,172,012.	1,000,000.	115,507.	203,337.
Ū	(include section 401(k) and 403(b) employer contributions)	65,384.	53,374.	3,669.	8,341.
9	Other employee benefits	450,861.	372,295.	24,528.	54,038.
10	Payroll taxes	175,342.	145,111.	9,479.	20,752.
11	Fees for services (nonemployees):	1.0,0121		3,2:31	20, 1021
á	Management	261,523.		261,523.	
ŀ) Legal	92,692.		92,692.	
(Accounting	641,666.		641,666.	
	Lobbying				
•	Professional fundraising services. See Part IV, line 17	78,000.			78,000.
	Investment management fees	36,426.		36,426.	
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCh. OAdvertising and promotion	1,457,594.	1,357,876.	75,573.	24,145.
13	Office expenses	34,646.	28,645.	1,878.	4,123.
14	Information technology	60,943.	50,387.	3,304.	7,252.
15	Royalties	,	,	,	,
16	Occupancy	136,849.	114,663.	6,943.	15,243.
17	Travel	229,669.	229,669.		
18	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,876.	21,924.	611.	1,341.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,080.	9,161.	600.	1,319.
23 24	Other expenses. Itemize expenses not	12,841.	7,933.	3,767.	1,141.
24	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.)				
á	Printing and Publications	160,383.	1,800.	84.	158,499.
	Telephone & communications	92,380.	76,379.	5,008.	10,993.
	Miscellaneous	70,870.	43,173.	15,810.	11,887.
(Postage and Shipping	60,823.	14,795.	4,083.	41,945.
	All other expenses	145,246.	29,217.	34,178.	81,851.
25	Total functional expenses. Add lines 1 through 24e	10,730,813.	8,552,102.	1,358,501.	820,210.
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 ► ☐ if following SOP 98-2 (ASC 958-720)				
ВΛΛ					F 000 (0001)

		Check if Schedule O contains a response or note to	any line i	in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash – non-interest-bearing			10,079,764.	1	23,291,669.		
	2	Savings and temporary cash investments			5,902.	2	5,894.		
	3	Pledges and grants receivable, net			609,571.	3	4,267,740.		
	4	Accounts receivable, net				4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe		5					
	_			H		,			
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6			
	_	Notes and loans receivable, net		· ·		7			
Ø	7	Inventories for sale or use				8			
et	8			-	1 040 066	L -	2 570 620		
Assets	9	Prepaid expenses and deferred charges	1 1		1,240,266.	9	3,572,638.		
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		158,570.					
	b	Less: accumulated depreciation		155,238.	14,412.	10 c	3,332.		
	11	Investments — publicly traded securities		H-	3,469,551.	11	3,152,519.		
	12	Investments — other securities. See Part IV, line 11		-		12			
	13	Investments — program-related. See Part IV, line 11.		H-		13			
	14	Intangible assets	-		14				
	15	Other assets. See Part IV, line 11		F	74,586.	15	90,369.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		15,494,052.	16	34,384,161.		
	17	Accounts payable and accrued expenses	170,836.	17	327,222.				
	18	Grants payable		<u> </u>		18			
	19	Deferred revenue		19 20	17,627.				
	20	•	ot bond liabilities						
ies	21	Escrow or custodial account liability. Complete Part I		<u></u>		21			
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35°	%		22			
	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23			
	24	Unsecured notes and loans payable to unrelated third	parties		544,455.	24			
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relate plete Part	ed third parties, X of Schedule D.	84,418.	25	153,851.		
	26	Total liabilities. Add lines 17 through 25			799,709.	26	498,700.		
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X						
alaı	27	Net assets without donor restrictions			9,863,630.	27	25,391,349.		
ä	28	Net assets with donor restrictions		<u></u>	4,830,713.	28	8,494,112.		
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►						
ō	29	Capital stock or trust principal, or current funds				29			
ets	30	Paid-in or capital surplus, or land, building, or equipm	or capital surplus, or land, building, or equipment fund						
188	31	Retained earnings, endowment, accumulated income,	, or other f	unds		31			
t A	32	Total net assets or fund balances			14,694,343.	32	33,885,461.		
Ne	33	Total liabilities and net assets/fund balances			15,494,052.	33	34,384,161.		
RΔ	^		TEEA0111L	09/22/21	•		Form 990 (2021)		

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,	735,	703.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,	730,8	313.
3	Revenue less expenses. Subtract line 2 from line 1	3		004,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		594,3	
5	Net unrealized gains (losses) on investments.	5		669,	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O	9	-:	L44,(045.
10		10		385,4	
Pa	rt XII Financial Statements and Reporting		337	,00,	101.
	Check if Schedule O contains a response or note to any line in this Part XII				
	Check it Schedule O contains a response of flote to any line in this Fart All			Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			162	NO
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		_		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
	b Were the organization's financial statements audited by an independent accountant?		21	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		21		
	basis, consolidated basis, or both:	ale			
	X Separate basis Consolidated basis Both consolidated and separate basis				
•	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?	,	20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
ı	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		31		
BAA	TEEA0112L 09/22/21		Forr	n 990	(2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

01 41	e organization					Employer identific	ation number	
MADRE	, Inc.					13-328019		
Part I	Reason for Public Cha	arity Status. (All o	rganizations must	comple	ete this	s part.) See instru	ctions.	
he orga	nization is not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)		
1	A church, convention of church	nes, or association of ch	nurches described in sec t	tion 1 70 (b)(1)(A)(i).		
2	A school described in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)				
3	A hospital or a cooperative h	nospital service organi	ization described in sec	ction 170)(b)(1)(A	۸)(iii).		
4	A medical research organiza	ition operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). E	Inter the ho	spital's
	name, city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv). (Co		ge or university owned	or opera	ated by	a governmental unit d	escribed in	
6	A federal, state, or local gov	,	ental unit described in s	ection 1	70(b)(1)	(A)(v).		
7 X	An organization that normally rin section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	eart of its support from a	governm	ental uni	t or from the general pu	blic describe	ed
8	A community trust described		A)(vi). (Complete Part I	l.)				
9	An agricultural research organi	ization described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege	
	or university or a non-land-grai							
	university:							
10	An organization that normall from activities related to its investment income and unre June 30, 1975. See section!	exempt functions, sub lated business taxable	eject to certain exception	ns; and	(2) no r	nore than 33-1/3% of i	ts support	from gross
11	An organization organized a	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).		
12	An organization organized a	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to carry o	ut the purp	oses of one
	or more publicly supported of lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) d	r sectio	n 509(a`)(2). See section 509(a	ı)(3). Check	the box on
а	Type I. A supporting organizati						the cunnor	tad
<u> </u>	organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	a majority of the directo	rs or trus	tees of t	he supporting organization	on. You mu	st
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	having contion(s). You	trol or
С	Type III functionally integrated organization(s) (see instruction	. A supporting organizations) You must com	ion operated in connection	n with, ar	nd function	onally integrated with, its	supported	
d	Type III non-functionally integ functionally integrated. The o	rated. A supporting orgorganization generally	anization operated in cor must satisfy a distribu	nection	with its s	supported organization(s) that is not	nt (see
е	instructions). You must com Check this box if the organiz	ation received a writte	en determination from	the IRS	that it is	a Type I, Type II, Typ	e III functio	onally
f F	integrated, or Type III non-function into the number of supported in							
	ovide the following information	•						
	ame of supported organization	(ii) EIN	(iii) Type of organization	Gra I	s the	(v) Amount of monetary	(vi) Am	ount of other
(7 · · ·		(4) =	(described on lines 1-10 above (see instructions))		ion listed overning	support (see instructions)		ee instructions)
				Yes	No			
A)								
В)								
C)								
D)								
E)								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	9,465,561.	8,892,232.	5,910,136.	9,834,682.	30557675.	64,660,286.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	9,465,561.	8,892,232.	5,910,136.	9,834,682.	30557675.	64,660,286. 19,403,423.	
6	Public support. Subtract line 5 from line 4						45,256,863.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	9,465,561.	8,892,232.	5,910,136.	9,834,682.	30557675.	64,660,286.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	69,571.	151,436.	61,600.	205,118.	147,912.	635,637.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,	,	,	,	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	20,587.	26,450.	27,481.	38,155.	30,116.	142,789.	
	Total support. Add lines 7 through 10						65,438,712.	
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pu Public support percentage for 20	blic Support P	ercentage					
	Public support percentage for 20 Public support percentage from						69.16%	
	33-1/3% support test—2021. If t	he organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, checl	63.21 % k this box	
b	and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2020. 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							
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part d organization	VI how the ►	
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►	

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.)

_	ians to quanty under the te	ista listed below,	picase complete i	aremy				
Sec	tion A. Public Support							
	lar year (or fiscal year beginning in) >	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's							
3	tax-exempt purpose							
	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 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							-
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support				1			
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
	Amounts from line 6	(4) = 0	(2) 2010	(0) 20 10	(4) 2020	(0) = 0 =	•	(.)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from							
	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.							
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	fifth tax year as a	section 501	(c)(3)	▶
	tion C. Computation of Pul							
15	Public support percentage for 20	21 (line 8, colum	n (f), divided by li	ne 13, column (f)))		15	%
	Public support percentage from 2	•	•			L	16	%
	tion D. Computation of Inv						l l	
	Investment income percentage for				umn (f))		17	%
	Investment income percentage for					L	18	%
	33-1/3% support tests—2021. If t is not more than 33-1/3%, check	the organization of	did not check the b	oox on line 14, ar	nd line 15 is more	than 33-1/3	%, and I	ine 17
b	33-1/3% support tests—2020. If t		•	•		-		
	line 18 is not more than 33-1/3%	check this hox	and stop here . Th	e organization di	ile 19a, and illie i Jalifies as a nublic	o is more in dv supported	an 33-17. Lorganiz	ation ►

13-3280194

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was	5a		
	accomplished (such as by amendment to the organizing document).	эа		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

TEEA0405L 08/31/21

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.

За

3h

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
				(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):			
	Average monthly value of securities	1a		
I	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
(e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	tion 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 — provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8				
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 MADRE, Inc. 13-3280194 Page 8

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

Nature and Source	2021	2020	2019	2018	2017
Other Income Total	\$ 30,116. \$ 30,116.	\$ 38,155. \$ \$ 38,155. \$	27,481. 27,481.		\$ 20,587. \$ 20,587.

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	xy Tax) (See separate instruc Section 501(c)(4), (5), or (6) o	tions), then rganizations: Complete Part III.			
	of organization	,		Employer identific	ation number
	DRE, Inc.			13-328019	
Par	rt I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1		organization's direct and indirect political c n of 'political campaign activities.'	ampaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures. See instructions		► ¢	3
3	Volunteer hours for political	campaign activities. See instructions			
	•	rganization is exempt under section	` ' ' '		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ \$	S0.
2	Enter the amount of any exc	sise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
ŀ	If 'Yes,' describe in Part IV.				
Par	rt I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	•
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities ► \$	5
2	Enter the amount of the filing 527 exempt function activities	g organization's funds contributed to other	organizations for sec	tion ▶¢	5
3	Total exempt function expen line 17b.	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶¢	3
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the ail so received that were promptly and directly delal action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	ı as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
<i>(</i> 6)					

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

Schedule C (Form 990) 2021

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Part II-A Complete if section 501(the organizatio	n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
A Check ► if the filin	g organization belon	gs to an affiliated group (and	list in Part IV each affili	ated group member's name	· ,
	•	d share of excess lobbying	·		
B Check ► if the filir	ng organization che	cked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobby 'expenditures' mea	ring Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	•				
		legislative body (direct lobb			
, , ,	•	and 1b)			
		 nes 1c and 1d)			
	•	•			
		nount from the following ta			
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$ Over \$17,000,000	\$17,000,000	\$225,000 plus 5% of the excess \$1,000,000.	over \$1,500,000.		
. , ,	amount (enter 25%	of line 1f)			
•	•	s, enter -0			
i Subtract line 1f from lin	e 1c. If zero or less	, enter -0			
		line 1h or line 1i, did the org			···· Yes No
(Som	e organizations tha	4-Year Averaging Period I at made a section 501(h) e low. See the separate inst	ection do not have to		
	Lobb	ying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
ВАА				Schedu	le C (Form 990) 2021

Schedule C (Form 990) 2021 MADRE, Inc 13-3280194 Page 3

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B

	(election under section 501(n)).					
				(b)		
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity.	Yes	No	Am	ount	
	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
	a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	c Media advertisements?		X			
	e Publications, or published or broadcast statements?		X			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Χ			1,9	951.
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?	Х	Χ			949.
	j Total. Add lines 1c through 1i					900.
	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?b If 'Yes,' enter the amount of any tax incurred under section 4912		X			
	c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	orior y	ear?	3		
Pa	(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part I	, or s II-A,	ection 5 line 3, is	01(c)	
1	Dues, assessments and similar amounts from members		1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	a Current year		2 a			
	b Carryover from last year.		2 b			
	c Total		2 c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

5 Taxable amount of lobbying and political expenditures. See instructions.....

5

BAA Schedule C (Form 990) 2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

MADRE, Inc.

13-3290104

Pai	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 do are the organization's property, subject to the organization's exclusive legal control?	nor advised funds Yes No							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund for charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	s can be used only purpose conferring Yes No							
Pai	t 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).								
	Preservation of land for public use (for example, recreation or education)	on of a historically important land area							
	Protection of natural habitat Preservation	on of a certified historic structure							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the forn last day of the tax year.	n of a conservation easement on the							
	last day of the tax year.	Held at the End of the Tax Year							
,	a Total number of conservation easements.								
	b Total acreage restricted by conservation easements.								
	c Number of conservation easements on a certified historic structure included in (a)								
(d Number of conservation easements included in (c) acquired after 7/25/06, and not on a histor structure listed in the National Register.								
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	ne organization during the							
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, har	- udling of violations							
J	and enforcement of the conservation easements it holds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv	ation easements during the year							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)							
Ū	and section 170(h)(4)(B)(ii)?	Yes No							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that deconservation easements.	escribes the organization's accounting for							
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line	Other Similar Assets. 8.							
1 :	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue standard treasures, or other similar assets held for public exhibition, education, or research in Part XIII the text of the footnote to its financial statements that describes these items.	atement and balance sheet works of art, n furtherance of public service, provide in							
ı	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items:	rance of public service, provide the							
	(i) Revenue included on Form 990, Part VIII, line 1								
	(ii) Assets included in Form 990, Part X	▶\$							
2	If the organization received or held works of art, historical treasures, or other similar assets for financiamounts required to be reported under FASB ASC 958 relating to these items:	cial gain, provide the following							
i	a Revenue included on Form 990, Part VIII, line 1	▶\$							
ı	b Assets included in Form 990, Part X	> \$							

Part III Organizations Maintaining Coll	ections of Art, Histo	ricai i reasures, or	Otner Similar Ass	sets (continuea)					
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 o	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?									
Part IV Escrow and Custodial Arrange line 9, or reported an amount o	ments. Complete if tl n Form 990, Part X,	ne organization ans line 21.	swered 'Yes' on Fo	orm 990, Part IV,					
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermediary	for contributions or othe	er assets not included	Yes No					
b If 'Yes,' explain the arrangement in Part XIII	and complete the following	ng table:							
				Amount					
c Beginning balance			1c						
d Additions during the year			1 d						
e Distributions during the year			1e						
f Ending balance			1f						
2a Did the organization include an amount on F	orm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No					
b If 'Yes,' explain the arrangement in Part XIII									
<u> </u>		p							
Part V Endowment Funds. Complete in	f the organization an	swered 'Yes' on Fo	rm 990 Part IV li	ne 10					
(a) Curre				(e) Four years back					
1 a Beginning of year balance	int your (b) i nor your	(c) Two years back	(u) Three years back	(C) Four years back					
b Contributions									
D Contributions									
c Net investment earnings, gains,									
and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage of the curr	•	e 1g, column (a)) held a	as:						
a Board designated or quasi-endowment ►	<u> </u>								
	8								
c Term endowment ► %									
The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3 a Are there endowment funds not in the possessic organization by:	on of the organization that a	re held and administered	for the	Yes No					
(i) Unrelated organizations				3a(i)					
(ii) Related organizations				3a(ii)					
b If 'Yes' on line 3a(ii), are the related organiz				3b					
4 Describe in Part XIII the intended uses of the				. 30					
		iit iulius.							
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					
1 a Land.									
b Buildings									
c Leasehold improvements									
d Equipment			151,662.	3,332.					
e Other	202/00211		3,576.	0.					
Total. Add lines 1a through 1e. (Column (d) must	- /	column (B). line 10c.)		3,332.					
(dolamin (d) mast		(<i>D</i>), IIIIC 100.)		3,332.					

BAA Schedule D (Form 990) 2021

Part VII Investments – Other Securities.	l'Voc' on Form 000	N/A	000 Part V lina 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
(1) Financial derivatives	(a) been talae	(e) mounds of variations cost of one of	your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments - Program Related.	d Wast on Form 000	N/A	100 Dort V line 12
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
<u>(4)</u> <u>(5)</u>			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	•		
Part IX Other Assets.	N/A	1	
Complete if the organization answered		0, Part IV, line 11d. See Form 9	
(1)	escription		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, column ((D) line 15.)	-	
Part X Other Liabilities.	b) IIIIe 13.)		
Complete if the organization answered 'Yes' on F	Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25	
	ription of liability	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) Federal income taxes			
(2) Agency Funds Payable			70,372.
(3) Deferred Compensation Payable			70,945.
(4) Deferred Rent			12,534.
(5)			
(6) (7)			
(8)			
(9)			
(9) (10)			
(10) (11)			
(10) (11)			153,851.
(10)	ootnote to the organization's fi	inancial statements that reports the organization's	liability for uncertain

· · · · · · · · · · · · · · · · · · ·		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
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	29,929,505.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) See Part XIII 2d -144,045.		
d Other (Describe in Part XIII.) See Part XIII 2d -144,045.		
e Add lines 2a through 2d.	2 e	-769,772.
3 Subtract line 2e from line 1.	3	30,699,277.
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		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	36,426.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		30,735,703.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	10,738,387.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2 e	44,000.
3 Subtract line 2e from line 1.	3	10,694,387.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		06.406
c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4 c	36,426.
Total expenses. Add lines 3 and 46. (This must equal Form 330, Fart I, line 10.)	Э	10,730,813.

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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FASB ASC 740 Footnote

Part XIII Supplemental Information.

MADRE had previously filed tax returns on a December year end. Tax filings for periods ended September 30, 2019 and later are subject to examination by applicable taxing authorities.

Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

BAA Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number

13-3280194

MAI	ORE, Inc.				13-32801				
Pai	General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.								
1	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? XYes No								
2	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Part V								
3	Activities per Region. (The	following Part I, I	ine 3 table can be	e duplicated if additional space	is needed.)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region			
	Central America and								

	in the region	grants to recipients located in the region)	service(s) in the region	
Central America and				
(1) the Carib.		Relief	Grants	943,764.
East Asia and the				
(2) Pacific		Relief	Grants	92,649.
(3) Europe		Relief	Grants & Travel	34,499.
Middle East and North				
(4) Africa		Relief	Grants & Travel	613,290.
(5) North America		Relief	Grants	7,174.
(6) South America		Relief	Grants & Travel	391,343.
(7) South Asia		Relief	Grants & Travel	881,718.
(8) Sub-Saharan Africa		Relief	Grants	252,236.
Russia & Neighboring				
(9) States		Relief	Grants & Travel	890,360.
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
3 a Subtotal				4,107,033.
b Total from continuation sheets to Part I				

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

0

c Totals (add lines 3a and 3b). . .

Schedule F (Form 990) 2021

4,107,033.

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Central					Health	
			America	Relief	265,097.	Wire Trf	678,667.	Products	Price Comp
			East Asia	Relief	92,649.	Wire Trf			
			Europe	Relief	458.	Wire Trf			
			Middle East	Relief	561,051.	Wire Trf			
			North America	Relief	7,174.	Wire Trf			
			Russia & States	Relief	887,760.	Wire Trf			
			South America	Relief	371,890.	Wire Trf			
			South Asia	Relief	779,492.	Wire Trf			
			SubSaharaAfri ca	Relief	252,236.	Wire Trf			

² Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.....

BAA

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2021

Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). X No Yes Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Poreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes X No Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471). X No Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see X No Instructions for Form 8621). Yes Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)..... Yes X No 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes X No

BAA TEEA3505L 10/28/21 Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

MADRE requires all reports and supporting documents to be submitted for reimbursement prior to distributing funds.

BAA TEEA3504L 10/28/21 Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

MADRE, Inc.					13-32801	
Fundraising Activities. Comple	te if the organiza	ation answe	ered 'Yes'	on Form 990, Part IV, line		-
Form 990-EZ filers are not re 1 Indicate whether the organization				owing activities Check	all that annly	
a X Mail solicitations	raiseu iurius trii	rough any		X Solicitation of non-		
b X Internet and email solicitations	s			X Solicitation of gove		
c Phone solicitations	•		g	Special fundraising	· ·	
d n-person solicitations			9	opecial fundraising	CVCITIS	
2a Did the organization have a written of	r oral agreemen	t with any i	individual (i	including officers, director	e trustaes or key	
employees listed in Form 990, Pai	rt VII) or entity	in connect	tion with p	rofessional fundraising	services?	XYes No
b If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	dividuals or enti	ities (fund	raisers) pu	ırsuant to agreements ι	inder which the fundra	aiser is to be
compensated at least \$5,000 by ti	T Tryanization.	1			4.5.4 1 111	1
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity	have custo of contr	dy or control ributions?	from activity	fundraiser listed in	(or retained by) organization
Cathanina Cannally	 	Yes	No		column (i)	
Catherine Connolly 1 3344 Marina Cove Circle		163	140			
Elk Grove CA 95758	FR Counsel		Х	206,002.	78,000	. 128,002.
HIR GIOVE ON 33730	TIC COURSET			200,002.	70,000	120,002.
2						
3						
4						
4						
5						
6						
7						
8						
0						
9						
10						
Fatal				006 000	70.000	100 000
Total				206,002.	78,000	
or licensing.	Ji is registered (JI 110811580	to Solicit C	onthoughous of Has beeth	notined it is exempt if 0	ın registiation
AL AK AR CA CO CT DC	FL GA HI I	L KS K	Y ME M	D <u>MA MI MN</u> MS M	O NV NH NJ NY	NM NC ND OH
OK OR PA RI SC TN UT	VA WA WV W] <u> </u>				

Par	t 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 gre	eater than \$5,000.	s and gross income	· OII I OIIII 990-LZ,	illics i alia ob.				
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))				
Re			(event type)	(event type)	(total number)	un ough oolumn (o))				
Revenue	1	Gross receipts								
inter	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes.								
	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
Expe	7	Food and beverages								
irect	8	Entertainment								
Δ	9	Other direct expenses								
	10	Direct expense summary. Add lines 4 thr	• , ,							
Par	11	Net income summary. Subtract line 10 fr								
Par	T III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	allon answered Tes	s on Form 990, Pai	rt iv, line 19, or re	ported more than				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))				
Re		Cross revenue								
	1	Gross revenue								
ses	2	Cash prizes								
Expe	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes %	Yes 8	Yes %					
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)							
	8	Net gaming income summary. Subtract li	ine 7 from line 1, colum	nn (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?										
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?									

Sch	edule G (Form 990) 2021	MADRE, Inc.		13-3280194	Page 3
11	Does the organization conduct g	aming activities with no	nmembers?	Yes	No
12			t, or a member of a partnership or other entity fo		No
13	Indicate the percentage of gaming	activity conducted in:			
				13a	%
	b An outside facility			13b	%
14	Enter the name and address of the	person who prepares the	e organization's gaming/special events books and	d records:	
	Name •				
	Addross >				
		ning revenue received bhe third party ► \$	r from whom the organization receives gaming by the organization► \$		s No
	Name •				. – – – – 7
	Address ►				i
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 gaming license?	state law to make charital	ble distributions from the gaming proceeds to retain	ain the	s No
		•	be distributed to other exempt organizations or	spent in the	
	organization's own exempt activ	-			
ra	rt IV Supplemental Inform	9b. 10b. 15b. 15c.	explanations required by Part I, line 16, and 17b, as applicable. Also prov	∠b, columns (III) and ride anv additional	(V);
	information See inst		, , , pro-	in a surface of the s	

information. See instructions.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MADRE, Inc.

Employer identification number

13-3280194

Par	t I Questions Regarding Compensation				
•	<u>'</u>			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any rele	the following to or for a person listed on Form 990, Part want information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
t	If any of the boxes on line 1a are checked, did the organization freimbursement or provision of all of the expenses described		1 b		
2	Did the organization require substantiation prior to reimbursi trustees, and officers, including the CEO/Executive Director,	ng or allowing expenses incurred by all directors, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to e Executive Director. Check all that apply. Do not check any be establish compensation of the CEO/Executive Director, but e	stablish the compensation of the organization's CEO/ oxes for methods used by a related organization to explain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
b	During the year, did any person listed on Form 990, Part VII organization or a related organization: Receive a severance payment or change-of-control payment Participate in or receive payment from a supplemental none Participate in or receive payment from an equity-based com If 'Yes' to any of lines 4a-c, list the persons and provide the	? ualified retirement plan?pensation arrangement?	4a 4b 4c		X X X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the revenues of:	the organization pay or accrue any compensation			
	The organization?		5 a		X
b	Any related organization?		5 b		X
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of:	the organization pay or accrue any compensation			
	The organization?		6 a		X
t	Any related organization?		6 b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe	did the organization provide any nonfixed in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or a to the initial contract exception described in Regulations sec	accrued pursuant to a contract that was subject	8		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable p				
J	section 53.4958-6(c)?		9		ì

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 MADRE, Inc. 13-3280194

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Page 2

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(E	B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensation		(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Yifat Susskind	/i\	261 025	0.	0.	22 020	26 002	220 047	0
	(i) (ii)	<u>261,025.</u> 0.	$\frac{0}{0}$.	_ 0.	32,829. 0.	36,993. 0.	330,847. 0.	<u></u>
	(i)	216,399.	0.	0.	5,430.	23,307.	245,136.	0.
	(ii) -	0.	$\frac{0}{0}$.	0 .	0.	0.	0.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii) -							
	(i)							
	(ii) -							
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BAA TEEA4102L 10/27/21 Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 MADRE, Inc. 13-3280194 Page **3**

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BAA Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Inc.

MADRE,

Employer identification number

13-3280194

1 12 11	DIE, IIIC.			1 1 2	0200171		
Pa	rt 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	Method of noncash cont	(d) determir ribution a	ning mounts
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					 		
15	Real estate - Residential				 		
16	Real estate - Commercial				 		
17	Real estate – Other.				 		
18	Collectibles.						
19	Food inventory.						
20	Drugs and medical supplies		140,580	678 667	Price Cor	mn	
21	Taxidermy	Λ	140,300	070,007.	FIICE COI	щр.	
22	Historical artifacts.						
23	Scientific specimens						
24	Archeological artifacts.						
25	-						
26							
27							
28							
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part V, Dones				29		
	organization completed form 6269, fait v, Bonec	Ackilowicu	gomont		23	Yes	No
						163	140
30a	During the year, did the organization receive by contri	bution any pr	operty reported in Part I	, lines 1 through 28, that			
	it must hold for at least three years from the date for exempt purposes for the entire holding period?						Х
	b If 'Yes,' describe the arrangement in Part II.				30	a	Λ
	-	ov that roqui	ros the review of any r	constandard contribution	ns? 31		v
	Does the organization have a gift acceptance police				113: 31	+	X
32a	a Does the organization hire or use third parties or r contributions?				33		v
	b If 'Yes,' describe in Part II.				32	a	Х
	•	mn (a) for a	tung of proporty for wh	nich column (a) is shoo	kod		
33	If the organization didn't report an amount in coludescribe in Part II.	iiii (c) ior a	type of property for wr	non column (a) is chec	keu,		

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

Schedule M (Form 990) 2021

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

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 13-3280194 MADRE, Inc

Form 990. Part III. Line 4a - Program Service Accomplishments

MADRE is an international human rights organization and feminist fund that partners with community-based, women-led organizations on the frontlines of war, climate breakdown, and their aftermath. Our mission is to advance human rights and social justice by meeting urgent needs in communities and creating lasting solutions to the crises of our time.

Founded in 1983, MADRE uplifts the leadership of visionary young women and girls, Indigenous women, Afro-descendant women, LGBTIQ people, and people with disabilities. We offer a holistic model of support to our grassroots partners using three interconnected strategies-grantmaking, organizational strengthening, and legal advocacy-to address immediate priorities identified by our partners and forge opportunities for women and girls to assert their agency and create lasting social change. Through these strategies, we provide long-term and flexible financial and direct service support, particularly to women's and girls' groups in marginalized communities facing war or disaster that have rendered them difficult to fund and challenging to reach. Since its inception, MADRE has distributed almost \$63 million in grants and in-kind support to partners worldwide.

We work across three core program areas: (1) Ending Gender Violence to prevent, redress, document, and promote accountability for gender-based abuse; (2) Advancing Climate Justice to sustain and amplify partners' vital interventions and strategies to confront climate breakdown; and (3) Building a Just Peace to uplift the work of women and girls to avert, resolve, and build back from war and conflict.

\$5M, disbursing over \$5.67M in funds through 254 grants to 265 organizations and activists. MADRE's increased grantmaking in FY22 is due to several notable factors, including emergency appeals and responses to the crises in Afghanistan and Ukraine and the steady growth of grantmaking through our VIVA Girls initiative. While the number of countries in our portfolio remained consistent-38 countries in FY22 compared to 41 in FY21-our rapid response grants in Afghanistan and Ukraine accounted for nearly 40% of total grantmaking disbursements in FY22.

Examples of Recent Accomplishments in FY22

Ending Gender Violence: Gender violence, including physical and sexual abuse, is widely used during times of peace and war to threaten, shame, and oppress people based on their perceived or real gender identity and sexual orientation. MADRE helps transform harmful social norms, change policies, increase recognition of women's and girls' solutions, and reduce violence, stigma, and discrimination.

- With MADRE's support, our partner in Palestine, Salon Plus, provided holistic support to women and girls who would otherwise face insurmountable challenges in accessing health services, such as family planning and psychosocial support, and violence prevention resources amid the occupation.
- MADRE's partner in Syria, Women Now for Development, challenged and shifted local, national, and global discourses on the prevention and elimination of violence against women and girls through a variety of campaigns focused on issues like ending child marriage and increasing access to justice and accountability for survivors.
- In Haiti, MADRE supported the Foundation for Advancement of Haitian Midwives (FAHM) to provide member trainings for midwives across the country on stigmatized topics,

such as women's healthcare and the prevention of gender-based violence; as key points of access to healthcare for gender-based violence survivors, FAHM further empowered and resourced midwives to serve as advocates and educators for women and girls.

- MADRE assisted women, girls, and their families at-risk of violence to find safe passage out of Afghanistan and shelter across the border in Pakistan, where they were able to access medical care and legal services for asylum applications and visas.

Advancing Climate Justice: The widespread and intensifying impacts of climate breakdown are fueling environmental degradation, disasters, and weather extremes that interact with the global context, exacerbating food and water insecurity, economic disruption, political instability, and conflict. MADRE supports partners to adapt to and mitigate the impacts of climate breakdown while amplifying the voices and solutions of women and girls on the frontlines of the global climate crisis.

- On the Pacific Island nation of Tonga, MADRE responded to volcanic eruptions with an emergency grant to the Talitha Project, which conducted local needs assessments and distributed relief supplies such as dignity packs, prioritizing survivors like young women and girls and people with disabilities, whose needs are often neglected in patriarchal and able-bodied-centric societies.
- In Ecuador, MADRE responded to some of the heaviest flooding experienced in decades, distributing life-saving funds to Maitress Dance-a collective of young Afro-Ecuadorian women-to provide food, psychosocial services, and livelihood support to widows.
- To strengthen Palestinian women's inclusion and leadership in a male-dominated agricultural sector, MADRE enabled our partner Dalia Association-a Palestinian-led community foundation-to target support toward women-designed and led agroecology initiatives.

- MADRE also supported YouWIn, a feminist collective of young Indigenous and LGBTIQ+ women in the Philippines that is working to build life-saving and rights-affirming support networks amongst their peers, including local government units, in the absence of State disaster relief services.

Building a Just Peace: Women and girls have long served as vital defenders of peace in their communities, from mobilizing humanitarian aid and managing shelters and other lifesaving care to healing rifts between individuals and communities. MADRE strengthens women's and girls' locally-rooted work to respond to the drivers and impacts of violence in their communities and cultivate peace based on equality, justice, and dignity for all women, girls, and marginalized groups.

- Following the Russian invasion of Ukraine, MADRE distributed over \$1.3M through more than 91 grants to local activists, organizations, and a network of human rights defenders, both in exile and in-country; grants provided for coordination and advocacy efforts, evacuation and relocation, humanitarian aid distribution, refuge/shelter, and the facilitation of humanitarian corridors.
- MADRE held three community hearings in Iraq focused on gender-based crimes that may amount to gender persecution and other atrocities committed by ISIS, contributing to rebuilding trust and reintegration for survivors of ISIS violence with their communities.
- After a years-long global campaign led by MADRE, our partners, and allies worldwide, in October 2022, the Committee on the Elimination of Discrimination against Women adopted General Recommendation No. 39 on the Rights of Indigenous Women and Girls, recognizing the compounded impact of intersectionalities that increase the risk of experiencing violence and discrimination and clearly articulating the rights of Indigenous women, girls, LGBTIQ+ people, and people with disabilities.

- In partnership with Global South feminist movements, MADRE enhanced international recognition of and accountability for gender-based crimes that may amount to gender persecution, ensuring that international legal norms uphold women's rights and become more LGBTIQ+-inclusive, including through the creation of a toolkit on understanding, recognizing, and documenting gender persecution in conflict and atrocity settings.

Form 990, Part VI, Line 11b - Form 990 Review Process

Management reviewed a draft of the form 990 and provided edits to the tax preparer. After this process was performed, the form 990 was sent to the audit/finance committee and the full board of directors for review prior to being filed with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has a board approved conflict of interest policy. Each board member must fill out an annual declaration stating they had no conflicts or identifying the nature of their interested party transactions.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The executive committee reviews comparable salaries and reviews the performance of the executive director to determine if the existing salary falls within these ranges. After a deliberation of this matter, a proposed salary is voted on.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

AL AR CA FL GA HI IL KS KY MD ME MI MN MS NH NJ NM NY NC OR PA RI SC TN UT VA WV

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Financial statements are available upon request

Schedule O (Form 990) 2021 Page 2

2011000010 0 (1 01111 000) 2021		90 =
Name of the organization	Employer identification number	
MADRE, Inc.	13-3280194	

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
	-	Total	Program <u>Services</u>	Management <u>& General</u>	Fund- raising
Other professional fees	Total	1,457,594. \$ 1,457,594.	1,357,876. \$ 1,357,876.	75,573. \$ 75,573.	24,145. \$ 24,145.

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

Foreign c	currency	translation	loss	\$ -144,045.
_	_		Total	\$ -144,045.