PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

6 Cityplace Drive, Suite 900 St. Louis, MO 63141 ph 314.983.1200 fx 314.983.1300

Form 990

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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



AF	or th	e 2022 calendar year, or tax year beginning and	ending					
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number			
	Addre	ss THE MISSION CONTINUES						
	Name chang			20-8742553				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
	Final return	1141 SOUTH 7TH STREET	314.588.8805					
	termir ated		G Gross receipts \$	19,145,466.				
	Amen	H(a) Is this a group re						
	Applie tion	F Name and address of principal officer: AUTOMIN SMOOT		for subordinates	? Yes 🗴 No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
11	ax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions			
_	Vebsi			H(c) Group exemption	n number			
		organization: X Corporation Trust Association Other	L Year	of formation: 2007 N	State of legal domicile: MO			
Pa	art I	Summary						
Ð	1	Briefly describe the organization's mission or most significant activities:	r MILITAF	RY VETERANS WITH				
anc		OPPORTUNITIES TO SERVE IN UNDER-RESOURCED COMMUNITIES						
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	I				
Š	3				11			
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		10				
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		78 4603				
tivit	6	Total number of volunteers (estimate if necessary)		4803				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	0	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		11,049,933.	18,415,737.			
an	9			0.	0.			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,956.	165,896.				
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,986.	13,758.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,093,875.	18,595,391.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		255,600.	249,022.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
ß	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)	······································					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,007,						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,708,842.	5,034,757.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,535,543.	11,290,050.				
	19	Revenue less expenses. Subtract line 18 from line 12		1,558,332.	7,305,341.			
Or			Be	ginning of Current Year	End of Year			
Assets Balanc	20	Total assets (Part X, line 16)		10,410,766.	17,846,049.			
tAs	21	Total liabilities (Part X, line 26)		690,256.	858,726.			
ERe.	22	Net assets or fund balances. Subtract line 21 from line 20		9,720,510.	16,987,323.			
Pa	art II	Signature Block						

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

Sign	Signature of officer		D	ate				
Here								
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	JENNIFER M. VACHA	JENNIFER M. VACHA		self-employed P01251998				
Preparer	Firm's name ARMANINO LLP		F	irm's EIN 94-6214841				
Use Only	Ise Only Firm's address 6 CITYPLACE DRIVE, SUITE 900							
ST. LOUIS, MO 63141 Phone no.314-983								
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No				
				000				

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1 990 (2022) THE MISSION CONTINUES rt III Statement of Program Service Accomplishments	20-8742553 Page
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WE CONNECT MILITARY VETERANS WITH OPPORTUNITIES TO CONTINUE THEIR	
	SERVICE AND LEADERSHIP IN UNDER-RESOURCED COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	X Yes N
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N
•	If "Yes," describe these changes on Schedule O.	
1	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2, 307, 253. including grants of \$249, 022.) (Revenu	e \$
	SERVICE PLATOON PROGRAM - CONNECTS VETERANS IN A CITY TO TACKLE A NEW	
	MISSION IN THEIR COMMUNITY. VOLUNTEERS WITHOUT PREVIOUS MILITARY	
	SERVICE ARE WELCOME, AND PLATOONS OFTEN FORM PARTNERSHIPS WITH OTHER COMMUNITY GROUPS. EACH PLATOON IS VETERAN-LED, SUPPORTED BY A	
	LEADERSHIP TEAM, AND DIRECTED BY A PLATOON LEADER. PLATOON LEADERS	
	COMMIT TO ONE YEAR OF SERVICE, PARTICIPATE IN LEADERSHIP TRAINING	
	THROUGH THE SERVICE LEADERSHIP CORPS, AND HAVE ACCESS TO MENTORING AND	
	OTHER INDIVIDUAL GROWTH OPPORTUNITIES THROUGH THE MISSION CONTINUES'	
	STAFF AND PARTNERS.	
4b	(Code:) (Expenses \$1,703,733. including grants of \$) (Revenu	e\$
	PROGRAM SUPPORT AND THOUGHT LEADERSHIP - ALL OF THE MISSION CONTINUES'	
	PROGRAMS REQUIRE THREE PRIMARY FUNCTIONS THAT ARE DELIVERED IN A	
	SCALABLE WAY: TECHNOLOGY TOOLS, PROGRAM DESIGN AND TRAINING, AND	
	EXTERNAL AFFAIRS SUPPORT. THIS ALSO INCLUDES TMC RESEARCH INTO IMPACT	
	ON BOTH VETERANS AND COMMUNITIES AROUND OUR EMPOWERED VETERANS INDEX	
	AND OUR COMMUNITY IMPACT FRAMEWORK.	
łc	(Code:) (Expenses \$1,421,138including grants of \$) (Revenue	e\$
4c	(Code:) (Expenses \$1,421,138. including grants of \$) (Revenue WOMEN VETERANS LEADERSHIP PROGRAM (WVLP) - THIS PROGRAM CHANGES THE	e\$
4c		e\$
4c	WOMEN VETERANS LEADERSHIP PROGRAM (WVLP) - THIS PROGRAM CHANGES THE	e \$
4c	WOMEN VETERANS LEADERSHIP PROGRAM (WVLP) - THIS PROGRAM CHANGES THE NARRATIVE ON WHAT IT MEANS TO BE A WOMAN VETERAN BY LEVERAGING THEIR	e\$
4c	WOMEN VETERANS LEADERSHIP PROGRAM (WVLP) - THIS PROGRAM CHANGES THE NARRATIVE ON WHAT IT MEANS TO BE A WOMAN VETERAN BY LEVERAGING THEIR LEADERSHIP SKILLS AND AUTHENTIC SELVES TO BECOME CHANGE-MAKERS, ALL	e\$
łc	WOMEN VETERANS LEADERSHIP PROGRAM (WVLP) - THIS PROGRAM CHANGES THE NARRATIVE ON WHAT IT MEANS TO BE A WOMAN VETERAN BY LEVERAGING THEIR LEADERSHIP SKILLS AND AUTHENTIC SELVES TO BECOME CHANGE-MAKERS, ALL WHILE ENHANCING THEIR PERSONAL AND PROFESSIONAL NETWORKS. BY THE END OF	e\$
łc	WOMEN VETERANS LEADERSHIP PROGRAM (WVLP) - THIS PROGRAM CHANGES THE NARRATIVE ON WHAT IT MEANS TO BE A WOMAN VETERAN BY LEVERAGING THEIR LEADERSHIP SKILLS AND AUTHENTIC SELVES TO BECOME CHANGE-MAKERS, ALL WHILE ENHANCING THEIR PERSONAL AND PROFESSIONAL NETWORKS. BY THE END OF THIS ONE-OF-A-KIND PROGRAM, COHORT MEMBERS WILL HAVE FORMED LASTING	e \$
4c	WOMEN VETERANS LEADERSHIP PROGRAM (WVLP) - THIS PROGRAM CHANGES THENARRATIVE ON WHAT IT MEANS TO BE A WOMAN VETERAN BY LEVERAGING THEIRLEADERSHIP SKILLS AND AUTHENTIC SELVES TO BECOME CHANGE-MAKERS, ALLWHILE ENHANCING THEIR PERSONAL AND PROFESSIONAL NETWORKS. BY THE END OFTHIS ONE-OF-A-KIND PROGRAM, COHORT MEMBERS WILL HAVE FORMED LASTINGCONNECTIONS WITH OTHER WOMEN VETERANS AND WILL HAVE DEVELOPED THE SKILL	e\$
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łd	women veterans leadership program (wvlp) - this program changes the NARRATIVE ON WHAT IT MEANS TO BE A WOMAN VETERAN BY LEVERAGING THEIR LEADERSHIP SKILLS AND AUTHENTIC SELVES TO BECOME CHANGE-MAKERS, ALL WHILE ENHANCING THEIR PERSONAL AND PROFESSIONAL NETWORKS. BY THE END OF THIS ONE-OF-A-KIND PROGRAM, COHORT MEMBERS WILL HAVE FORMED LASTING CONNECTIONS WITH OTHER WOMEN VETERANS AND WILL HAVE DEVELOPED THE SKILL SET TO LEAN INTO LEADERSHIP IN THEIR COMMUNITIES AND BEYOND. Other program services (Describe on Schedule O.) (Expenses \$ 2,751,007. including grants of \$) (Revenue \$	e \$
łd	WOMEN VETERANS LEADERSHIP PROGRAM (WVLP) - THIS PROGRAM CHANGES THE NARRATIVE ON WHAT IT MEANS TO BE A WOMAN VETERAN BY LEVERAGING THEIR LEADERSHIP SKILLS AND AUTHENTIC SELVES TO BECOME CHANGE-MAKERS, ALL WHILE ENHANCING THEIR PERSONAL AND PROFESSIONAL NETWORKS. BY THE END OF THIS ONE-OF-A-KIND PROGRAM, COHORT MEMBERS WILL HAVE FORMED LASTING CONNECTIONS WITH OTHER WOMEN VETERANS AND WILL HAVE DEVELOPED THE SKILL SET TO LEAN INTO LEADERSHIP IN THEIR COMMUNITIES AND BEYOND. Other program services (Describe on Schedule O.)	e \$

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THE MISSION CONTINUES

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)? Х If "Yes," complete Schedule A 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." х 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Form 990 (2022)

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<u>Page</u> 3

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THE MISSION CONTINUES

Pa	rt IV Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
LL	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24.0	Schedule J	23		
248	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	04-		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28				
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	• • • • • •	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 135			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
23200/	4 12-13-22		990	(2022)
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Page 4

^{2022.04000} THE MISSION CONTINUES

Form	990 (2022) THE MISSION CONTINUES	20-874255	3	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 78			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	Зb		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the pavor?	7a		x
b	······································		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		- 10		
Ŭ	to file Form 8282?		7c		x
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	· · · ·	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi		7g		
9 h	If the organization received a contribution of qualined intellectual property, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, a		79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer				
U	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		-		
a			9a		
b			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
5		11b			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forn		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		154		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
5	organization is licensed to issue qualified health plans	13b			
•		130 13c			
C 14a	Enter the amount of reserves on hand	•	14a		x
14a		·····			<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule to the section 4960 tox on payment(s) of more than \$1,000,000 in remund		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		x
	excess parachute payment(s) during the year?		15		
40	If "Yes," see the instructions and file Form 4720, Schedule N.	t in a sur a 0	10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment		16		
47	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		L. Ferri	990	(2000)
232005	12-13-22 6		FUIII	, 330	(2022)
	v				

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2022.04000	THE	MISSION	CONTINUES
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	1 990 (2022) THE MISSION CONTINUES 20-87425		I
Ра	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" i	respo
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		
800	Check if Schedule O contains a response or note to any line in this Part VI		
500			Yes
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11		103
	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.		
h			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-	
2			
~	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	
3			
	of officers, directors, trustees, or key employees to a management company or other person?	3	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	
6	Did the organization have members or stockholders?	6	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		
	more members of the governing body?	7a	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		
	persons other than the governing body?	7b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
а	o o ,	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
			Ye
10a	Did the organization have local chapters, branches, or affiliates?	10a	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		
	on Schedule O how this was done	12c	Х
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	Х
15	Did the process for determining compensation of the following persons include a review and approval by independent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	х
	Other officers or key employees of the organization	15b	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		
iou	taxable entity during the year?	16a	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	
h	in res, did the organization follow a written policy of procedure requiring the organization to evaluate its participation		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h	
	exempt status with respect to such arrangements?	16b	
Sec	exempt status with respect to such arrangements?	16b	
Sec 17	exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filedAL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS	•	
Sec 17	exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	•	avail
Sec 17	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filedAL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	•	avail
Sec 17 18	exempt status with respect to such arrangements? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	s only)	
	exempt status with respect to such arrangements?	s only)	
Sec 17 18 19	exempt status with respect to such arrangements? etion C. Disclosure List the states with which a copy of this Form 990 is required to be filedAL , AK , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own websiteAnother's websiteX Upon requestOther (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	s only)	
Sec 17 18 19	exempt status with respect to such arrangements? etion C. Disclosure List the states with which a copy of this Form 990 is required to be filedAL , AK , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request 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 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	s only)	
Sec 17 18 19	exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request 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 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 314.588.8805	s only)	
Sec 17 18 19 20	exempt status with respect to such arrangements? etion C. Disclosure List the states with which a copy of this Form 990 is required to be filedAL , AK , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request 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 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	s only) d finand	

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Form 990 (2		20-8742553	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with o	or within the organization's	s tax year.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	id a d	irecto	r/trus [.] I	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t corr		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARY BETH BRUGGEMAN	40.00	_	_		-					
PRESIDENT		х		х				236,037.	0.	10,126.
(2) SUSAN THAXTON	40.00									
CHIEF STRATEGY OFFICER				х				215,927.	0.	25,558.
(3) AUTUMN SMOOT	40.00									
CHIEF FINANCIAL OFFICER				Х				214,315.	0.	16,644.
(4) LA COSTA MOORE	40.00									
CHIEF PEOPLE OFFICER				х				210,381.	0.	6,553.
(5) MEREDITH DARCHE	40.00									
VP, DEVELOPMENT & BOARD LIASION						X		161,075.	0.	7,037.
(6) HEATHER MCCARTY	40.00									
VP, PROGRAMS						X		142,300.	0.	16,696.
(7) JULIAN SERRANO	40.00									
SENIOR DIRECTOR, TECHNOLOGY						X		131,873.	0.	16,507.
(8) KEITH THOMAS	40.00									
SENIOR DIRECTOR, COMMUNICATIONS						X		126,229.	0.	1,022.
(9) MATTHEW PURKEY	40.00								_	
VP, REGIONAL OPERATIONS						x		113,373.	0.	11,160.
(10) JAMES GILLEN	40.00								_	
CHIEF DEV & MKTG OFFICER				х				105,000.	0.	7,380.
(11) LEN KORTEKAAS	4.00								_	_
BOARD CHAIR		х		Х				0.	0.	0.
(12) ELIZABETH YOUNG-MCNALLY	2.00							_	_	_
VICE CHAIR/TREASURER/FC CHAIR		х	<u> </u>	X				0.	0.	0.
(13) NANA ADAE	2.00									
DIRECTOR (RES. 07/22)		х						0.	0.	0.
(14) SALLY CHAN	2.00									
		х						0.	0.	0.
(15) RAJIV CHANDRASEKARAN	2.00									
DIRECTOR		х						0.	0.	0.
(16) JOHN CULVER	2.00								_	_
DIRECTOR	0.00	Х						0.	0.	0.
(17) MICHELE FLOURNOY	2.00	v							_	^
DIRECTOR (RES. 07/22)		Х						0.	0.	0. Form 990 (2022)

8

232007 12-13-22

Form 990 (2022)

Form 990 (2022) THE MISSION C									20-8742	53		Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (0				(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		۱ than c	one	Reportable	Reportable		Estima	
	hours per week					s both pr/trust		compensation	compensation		amoun	
	(list any							- from	from related		othe	
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	- '	compens from t	
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations	truste	al trus		/ee	m per		1099-NEC)	1000 1120)		and rela	
	below	In dividual trustee or director	Institutional trustee	ž	Key employee	Highest compensated employee	er	,			organiza	ations
	line)	Indiv	In stit	Officer	Key e	High empl	Former					
(18) CATHERINE GONZALEZ-PACK	2.00											
DIRECTOR		Х						0.	0			0.
(19) FREDERICK HUMPHRIES	2.00											
DIRECTOR		Х						0.	0			0.
(20) ANTHONY MARTINEZ	2.00											
DIRECTOR		Х						0.	0			0.
(21) WILLIAM MCRAVEN	2.00											
DIRECTOR		Х						0.	0			0.
(22) MEGHAN O'SULLIVAN	2.00											
DIRECTOR		Х						0.	0			0.
										\perp		
1b Subtotal								1,656,510.		•	118	8,683.
c Total from continuation sheets to Part VI	, Section A							0.		•		0.
d Total (add lines 1b and 1c)				<u></u>				1,656,510.	0	•	118	8,683.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												14
										_	Yes	s No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for si	uch individual									L	3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	for such individual		L	4 X	
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	lual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich į	bers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of compens	satio	n from	
the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		_	(C)	
Name and business	address							Description of s	ervices	Cor	mpensati	ion
YOUR PART-TIME CONTROLLER, LLC, 1500												
WALNUT STREET, SUITE 1200, PHILADELPH	HIA,						_	ACCOUNTING SERVICE	S		133	8,521.
REAMY CONSULTING GROUP							1	TALENT ACQUISITION	&			
3377 BLAKE ST., SUITE 115, DENVER, CO	80205						_	CONSULTING SERVICE	S		130	0,636.
YELLOW LAB CONSULTING, LLC												
6 FOX RIDGE DRIVE, NEW MILFORD, CT 06	5776						_	IT CONSULTING SERV	ICES		103	8,145.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	l to i	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation				1	3						
										Fo	orm 990	(2022)

232008 12-13-22

				ES			20-874255	3 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line		(5)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns 1a					
rant			Membership dues 1b					
ي. ق			Fundraising events 1c					
äifts ar A			Related organizations 1d					
s, o		е	Government grants (contributions)	837,581.				
oution her Si		f	All other contributions, gifts, grants, and similar amounts not included above 1f	17,578,156.				
ĞĘ		g	Noncash contributions included in lines 1a-1f	16,288.				
Cor		-	Total. Add lines 1a-1f		18,415,737.			
				Business Code				
Ð	2	а						
ه رز د		b						
Sei		с						
Other Revenue Contributions, Gifts, Gran Bevenue 2 0 5 5 7 8 8 0 0 1 0 7 8 8 8 0 0 1 0 1 8 8 0 0 1 0 1 8 1 1 8 1 1 1 1		d						
- Do B		е						
Ţ		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		165,971.			165,971.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 550,000.					
•		b	Less: cost or other basis					
nue			and sales expenses 7b 550,075. Gain or (loss) 7c -75.					
					75			75
Ř	_		Net gain or (loss)		-75.			-75.
the	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
		-	Part IV, line 19					
Miscellaneous Other Revenue Other Revenue		b	Less: direct expenses 9b					
	10		Gross sales of inventory, less returns					
	Miscellaneous Other Revenue 01 6 8 8 11 01 11 11 11 11 11 11 11 11 11 11 11		and allowances 10a					
		b	Less: cost of goods sold 10k					
			Net income or (loss) from sales of inventory					
				Business Code				
sno	11	а	MISCELLANEOUS	900099	13,758.			13,758.
ane		b						
Sellis		с						
Alisc		d	All other revenue					
2			Total. Add lines 11a-11d		13,758.			
	12		Total revenue. See instructions		18,595,391.	0.	0.	179,654.
23200	9 12-	-13-	22					Form 990 (2022)

134342.1

THE MISSION CONTINUES

20-8742553 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 249,022 249,022, 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 358,550 trustees, and key employees 1,047,921. 529,279. 160,092. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,097,056. 2,865,873. 670,126. 561,057. Other salaries and wages 7 8 Pension plan accruals and contributions (include 13,629 section 401(k) and 403(b) employer contributions) 63,930 41,489 8,812. 409,952 269,659 98,443 41,850. 9 Other employee benefits 387,412 261,962. 72,381 53,069. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 3,505 3,505 b Legal 181,489, 181,489 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 809,387 539,749 202,652 66,986. column (A), amount, list line 11g expenses on Sch 0.) 181,751 177,372, 4,379 Advertising and promotion 12 188,464 111,012 37,800 39,652. 13 Office expenses _____ 590,187 425,653 136,342 28,192. 14 Information technology 15 Royalties 273,984 203,200, 70,784 16 Occupancy 1,479,092 34,442. 1,326,389 118,261 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 553,102. 495,999. 44,223. 12,880. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 9,903. 9,903 22 Depreciation, depletion, and amortization 72,973 50,139. 22,834 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PROJECT SUPPLIES 619,559 619,559. а VOLUNTEER & STAFF RECOG 71,361 6,872 63,905 584. b С d All other expenses е 1,007,616. Total functional expenses. Add lines 1 through 24e 11,290,050 8,183,131 2,099,303 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

11

232010 12-13-22

Form 990 (2022)

Check here X if following SOP 98-2 (ASC 958-720)

2022.04000 THE MISSION CONTINUES

THE MISSION CONTINUES

		Check if Schedule O contains a response or note	.,		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			261,385.	1	54,314
	2	Savings and temporary cash investments			5,204,321.	2	2,162,792
	3	Pledges and grants receivable, net			2,355,931.	3	3,281,21
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial contr	ibutor, or 35%			
		controlled entity or family member of any of these	persons			5	
	6	Loans and other receivables from other disqualified	ed person:	s (as defined			
		under section 4958(f)(1)), and persons described i	in section	4958(c)(3)(B)		6	
ν.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				132,050.	9	205,66
1	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	442,319.			
	b		10b	441,544.	10,678.	10c	77
1	1	Investments - publicly traded securities			2,375,540.	11	11,945,54
	2	Investments - other securities. See Part IV, line 11				12	· · ·
	3	Investments - program-related. See Part IV, line 1				13	
	4	Intangible assets				14	
	5	Other assets. See Part IV, line 11	70,861.	15	195,74		
	6	Total assets. Add lines 1 through 15 (must equal			10,410,766.	16	17,846,04
	17	Accounts payable and accrued expenses			690,256.	17	724,92
	8	Grants payable		,	18	,	
	9	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
1	22	Loans and other payables to any current or forme				21	
	~	trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
د Lia	23	Secured mortgages and notes payable to unrelate	-			22	
	.5 24	Unsecured notes and loans payable to unrelated		·····		23	
	. 4 25	Other liabilities (including federal income tax, paya				24	
2	.5	parties, and other liabilities not included on lines					
		of Cohodulo D	,		0.	25	133,798
	06	of Schedule D			690,256.		858,72
<u> </u> 2	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chec		X	050,250.	26	050,72
s		and complete lines 27, 28, 32, and 33.	K HEIE				
ů 2	7				3,615,801.	27	10,980,14
	27 28	Net assets with donor restrictions			6,104,709.	28	6,007,178
<u> </u>	.0	Organizations that do not follow FASB ASC 95				20	0,007,17
5		-	o, check i				
έ.	~	and complete lines 29 through 33.					
st 2	29	Capital stock or trust principal, or current funds				29	
SS SS	30	Paid-in or capital surplus, or land, building, or equ				30	
÷	81	Retained earnings, endowment, accumulated inco			0 720 510	31	16 007 20
	32	Total net assets or fund balances			9,720,510.	32	16,987,32
3	33	Total liabilities and net assets/fund balances			10,410,766.	33	17,846,04 Form 990 (20

Form 990 (2022)

232011 12-13-22

Form	1990 (2022) THE MISSION CONTINUES	20-874255	3	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,	595,	391.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,	290,	050.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,	305,	341.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,	720,	510.
5	Net unrealized gains (losses) on investments	5		-38,	528.
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)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16,	987,	323.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	• O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Schedule A (Form 990) 2022

Name of	i the	organization
---------	-------	--------------

Name of the organization				Employer	identification number
THE MISSION CONTIN					20-8742553
Part I Reason for Public Charity State	JS. (All organizations must of	complete this par	t.) See instruction	S.	
The organization is not a private foundation because if 1 A church, convention of churches, or assoc					
2 A school described in section 170(b)(1)(A)			ω <u>Λ</u> ι <u>Λ</u> ιγι		
3 A hospital or a cooperative hospital service			A)(iii)		
4 A medical research organization operated i	•			(iiii) Enter	the hospital's name
city, and state:	n conjunction with a hospita	30			the hospital s hame,
5 An organization operated for the benefit of section 170(b)(1)(A)(iv). (Complete Part II.	v ,	d or operated by	a governmental ur	nit describe	ed in
		agation 170/b)/1	V A V.J		
 A federal, state, or local government or gov 7 X An organization that normally receives a su 					aublic described in
7 X An organization that normally receives a su section 170(b)(1)(A)(vi). (Complete Part II.)		rom a governmer	ital unit or from th	ie general p	Sublic described in
8 A community trust described in section 17	'0(b)(1)(A)(vi). (Complete Par	t II.)			
9 An agricultural research organization descr			onjunction with a	land-grant	college
or university or a non-land-grant college of			-	-	•
university:					
10 An organization that normally receives (1) n	nore than 33 1/3% of its supp	port from contribu	utions, membershi	ip fees, and	d gross receipts from
activities related to its exempt functions, su	ubject to certain exceptions;	and (2) no more t	han 33 1/3% of its	s support f	rom gross investment
income and unrelated business taxable inc	ome (less section 511 tax) fro	om businesses ad	equired by the org	anization a	after June 30, 1975.
See section 509(a)(2). (Complete Part III.)					
11 An organization organized and operated ex	clusively to test for public sa	fety. See sectio	n 509(a)(4).		
12 An organization organized and operated ex	clusively for the benefit of, to	perform the fun	ctions of, or to ca	rry out the	purposes of one or
more publicly supported organizations des	cribed in section 509(a)(1)	or section 509(a)	(2). See section 5	509(a)(3). (Check the box on
lines 12a through 12d that describes the ty	pe of supporting organizatio	n and complete li	nes 12e, 12f, and	12g.	
a Type I. A supporting organization operation	ed, supervised, or controlled	by its supported	organization(s), ty	pically by	giving
the supported organization(s) the power	to regularly appoint or elect a	a majority of the c	lirectors or trustee	es of the su	upporting
organization. You must complete Part I	V, Sections A and B.				
b Type II. A supporting organization super	vised or controlled in connec	tion with its supp	orted organizatior	n(s), by hav	ving
control or management of the supporting	organization vested in the s	ame persons tha	t control or manag	ge the supp	ported
organization(s). You must complete Par	t IV, Sections A and C.				
c Type III functionally integrated. A supp	orting organization operated	in connection wi	th, and functional	ly integrate	ed with,
its supported organization(s) (see instruc	tions). You must complete	Part IV, Sections	A, D, and E.		
d Type III non-functionally integrated. A	supporting organization ope	rated in connection	on with its suppor	ted organiz	zation(s)
that is not functionally integrated. The or	ganization generally must sat	tisfy a distributior	requirement and	an attentiv	/eness
requirement (see instructions). You mus	t complete Part IV, Section	s A and D, and P	art V.		
e Check this box if the organization receive				II, Type III	
functionally integrated, or Type III non-fur					
f Enter the number of supported organizations		0			
g Provide the following information about the sup	ported organization(s).				
(i) Name of supported (ii) EIN	(iii) Type of organization	(iv) Is the organization li in your governing docum	ent?	2	(vi) Amount of other
organization	(described on lines 1-10 above (see instructions))	Yes No	cupport (coo in	structions)	support (see instructions)
Total					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

THE MISSION CONTINUES

20-8742553

Page **2**

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.)

Se	ction A. Public Support			-			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14,025,975.	7,740,524.	11,269,044.	11,049,933.	18,415,737.	62,501,213.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	14,025,975.	7,740,524.	11,269,044.	11,049,933.	18,415,737.	62,501,213.
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						11,250,290.
6	Public support. Subtract line 5 from line 4.						51,250,923.
	ction B. Total Support						_/_ /
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	14,025,975.	7,740,524.	11,269,044.	11,049,933.	18,415,737.	62,501,213.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	119,302.	98,857.	60,012.	20,975.	165,971.	465,117.
9	Net income from unrelated business	, -	, -	, -	, -	,	/ -
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		73,151.	38,352.	22,986.	13,758.	148,247.
11	Total support. Add lines 7 through 10		,	,	, .		63,114,577.
	Gross receipts from related activities,	etc. (see instructio	ne)			12	,,
	First 5 years. If the Form 990 is for th		,	ourth or fifth tax y	vear as a section 5		
	organization, check this box and stor	-		-			
Se	ction C. Computation of Publi	-					
	Public support percentage for 2022 (li			olumn (f))		14	81.20 %
15	Public support percentage from 2021		•			15	81.28 %
	a 33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies	•					v
1	33 1/3% support test - 2021. If the c		e e				
	and stop here. The organization qual	•					
17:	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-			
I	0 10% -facts-and-circumstances test	-					
-	more, and if the organization meets th	-					
	· · ·						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	organization meets the facts-and-circu Private foundation. If the organizatio		•				

232022 12-09-22

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.)

Sec	ction A. Public Support			_	_			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization'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	ļ						
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b	L						
8 Sec	Public support. (Subtract line 7c from line 6.)							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975					-		
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	organizatic	on,
Sec	ction C. Computation of Publi	c Support Per	rcentage					
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15		%
	Public support percentage from 2021					16		%
Sec	ction D. Computation of Inves	tment Income	e Percentage					
	Investment income percentage for 20			ine 13, column (f))		17		%
	Investment income percentage from					18		%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%,	and line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation		
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than	33 1/3%, a'	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted org	anization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	struction	<u></u>	
23202	3 12-09-22		1.0			S	chedule A	(Form 990) 2022

¹⁶ 2022.04000 THE MISSION CONTINUES

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

232024 12-09-22

Schedule A (Form 990)) 2022	THE	MISSION	CONTINUES

20-8742553 Page 5

Yes

2

No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		1

Supporting Organia

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

the supported organization(s). Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	to satisfy the Integral Part	Test during the year	r (see instructions).
-	Onech the box next to the method that the organization used	i to satisfy the integral i art	Tost during the yea	, (

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization is the parent of each of its supported organizations.	Complete line 3 below.
---	--	------------------------------------------------------------------------	------------------------

c [] The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s)</u>	
------------	--	-----------------------------------------------------	-----------------------------------------------------------------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

13100711 701245 134342.300

18

Yes No

Sche	dule A (Form 990) 2022 THE MISSION CONTINUES			20-8742553	Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations mus				
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount			Current Y	'ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting org	anization (see	

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
			Schedule A (Form 990) 2022
2027 12-09-22			
	20		
0711 701245 134342.300		THE MISSION CON	FINUES 13434

(i)

Excess Distributions

Schedule A		2022			CONTINUES	
Part V	Type III	Non-Function	nally	y Integra	ated 509(a)(3) Supporting Organizations	(continued)

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2022 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

Line 8 amount divided by line 9 amount

Section D - Distributions

2

3

4

6

7

8

9

10

20-8742553	Page 7
------------	--------

Current Year

(iii)

Distributable

Amount for 2022

1

2

3 4

5 6

7

8 9

10

(ii)

Underdistributions

Pre-2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2028 12-09-22		21		Schedule A (Form 990) 2
22 AMOUNT: \$	13,758.			
21 AMOUNT: \$	22,986.			
20 AMOUNT: \$	38,352.			
	73,151.			
19 AMOUNT: \$				

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

20-8742553

Internal Revenue Service	Department of the Treasury	
	Internal Revenue Service	

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

THE MISSION CONTINUES

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2		
Name of or	rganization		Employer identification number		
THE MISS	SION CONTINUES		20-8742553		
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	ional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4				
1		\$10,000,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution		
2		\$3,150,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)		
(a) No.	(b)	(c) Total contributions	(d)		
3	Name, address, and ZIP + 4	\$775,2	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution		
4		\$400,0	00. Person X Payroll Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2022)

223452 11-15-22

24 2022.04000 THE MISSION CONTINUES

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Page **2**

CONTINUES CONTINUES CONTINUES (b) Description of noncash property given (b) Description of noncash property given		oyer identification number 20-8742553 (d) Date received
(b) Description of noncash property given	I if additional space is needed. (c) FMV (or estimate) (See instructions.)	(d)
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
Description of noncash property given	FMV (or estimate) (See instructions.)	
	\$	
		1
Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(D) FMV (or estimate) Description of noncash property given (See instructions.) (b) \$

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Schedule E	3 (Form 990) (2022)			Page ⁴				
Name of or	rganization			Employer identification number				
	ION CONTINUES Exclusively religious, charitable, etc., contribution	no to organizations described in so	ation 501(a)(7) (8) or (10) th	20-8742553				
rartm	from any one contributor. Complete columns (a)	through (e) and the following line entr	ry. For organizations					
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000 or l	ess for the year. (Enter this info.	once.) \$				
(a) No.	Use duplicate copies of Fait in it additional s	pace is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
ļ								
		(e) Transfer of gift	t					
	Transferee's name, address, ar		Bolotionship of tra	insferor to transferee				
ŀ			Neladoriship of the					
(-) 11-								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I								
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
ŀ	Transferee's name, address, ar		Relationship of tra					
(a) No.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I								
-								
		(e) Transfer of gift	t					
	Transferee's name, address, ar	d 7I P + 4	Belationshin of tra	ansferor to transferee				
F			The address of the					
(a) No.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I								
-								
		(e) Transfer of gift	t					
	Transferacia nome address or		Polotionship of tra	poforor to transforos				
ŀ	Transferee's name, address, ar			Insferor to transferee				

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Schedule B (Form 990) (2022)

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26 2022.04000 THE MISSION CONTINUES 134342.1

SCHEDULE	D
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90)

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.

OMB No. 1545-0047
0000
2022
Open to Public
Inspection

Dep Inte

	nent of the Treasury Revenue Service		fach to Form 990.) for instructions and the latest information.		Inspection	DIIC
	e of the organizati			Employe	r identification nu	umber
		THE MISSION CONTINUES			20-8742553	
Par	t I Organiza		d Funds or Other Similar Funds or A	Accounts.		
		n answered "Yes" on Form 990, Part IV, line				
	0		(a) Donor advised funds	(b) Funds ar	nd other accounts	
1	Total number at er	nd of year	((-)		
		nd of year f contributions to (during year)				
		f grants from (during year)				
		t end of year	l vriting that the assets held in donor advised fu			
5	•		0			
•			exclusive legal control?		Yes	No
			dvisors in writing that grant funds can be used			
			donor advisor, or for any other purpose confe	•		
Par	impermissible priv		anization answered "Yes" on Form 990, Part I		Yes	No
				v, line 7.		
1		servation easements held by the organizatio	· · · · · · · · · · · · · · · · · · ·			
		of land for public use (for example, recreat	, <u> </u>	• •		
		f natural habitat	Preservation of a ce	rtified historic	structure	
•		n of open space				
2			ed conservation contribution in the form of a c		asement on the la at the End of the Ta	
	day of the tax year					ax real
				2a		
	-					
			icture included in (a)	2c		
d		vation easements included in (c) acquired a				
				2d		
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization durin	g the tax	
	year					
		where property subject to conservation eas				
5	Does the organiza	tion have a written policy regarding the peri	odic monitoring, inspection, handling of			
	•	orcement of the conservation easements it			Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conservat	ion easement	s during the year	
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements du	ring the year	
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(I	3)(i)		
	and section 170(h)				Yes	No
9			on easements in its revenue and expense state			
			ote to the organization's financial statements t	hat describes	the	
Der		ounting for conservation easements.	Aut Historical Traceruse or Other	Cimilar Aa	t-	
Par		-	Art, Historical Treasures, or Other	Similar As	sets.	
		f the organization answered "Yes" on Form				
1 a	-		3, not to report in its revenue statement and ba			
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in further	ance of public	;	
		Part XIII the text of the footnote to its finan				
b	If the organization	elected, as permitted under FASB ASC 958	3, to report in its revenue statement and baland	ce sheet work	is of	
		· · · · · · · · · · · · · · · · · · ·	exhibition, education, or research in furtherand	ce of public s	ervice,	
	provide the followi	ng amounts relating to these items:				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		\$		
			asures, or other similar assets for financial gain			
	the following amou	unts required to be reported under FASB AS	SC 958 relating to these items:			
		on Form 990 Part VIII line 1		\$		

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

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27 2022.04000 THE MISSION CONTINUES

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Sche	dule D (Form 990) 2022 THE MISSION							20-874		P	age 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historic	al Tre	asures, o	r Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the f	ollowing that	make s	ignificant	use of its			
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	•	•		-			ose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histori	cal treas	sures, or othe	er simila	r assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the org	anizatio	n answered '	'Yes" or	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	:				r			
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F						lity?	L	Yes		_ No
	rt V Endowment Funds. Complete						10				
1 4		(a) Current year	(b) Prior		(c) Two year			vears back	(a) Fou	r vears	hack
4.	Designing of year balance	(a) Guirent year		уса		15 DUCK	(G) 111100	yours buok	(0) 1 00	yours	DUCK
1a ⊾	Beginning of year balance										
U Q	Contributions										
ט א	Net investment earnings, gains, and losses Grants or scholarships										
d	Grants or scholarships Other expenditures for facilities										
е											
f	and programsAdministrative expenses										
g 2	End of year balance Provide the estimated percentage of the curr		e (line 1 a. co	lumn (a)) held as:						
2	Board designated or quasi-endowment	•	%		/ 11010 23.						
h	Permanent endowment	%									
c		%									
•	The percentages on lines 2a, 2b, and 2c sho	- · -									
3a	Are there endowment funds not in the posse		ation that are	held an	d administer	ed for th	ne				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line	e 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (or other (other)	• •	Accumulat epreciatior		(d) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements				71,354.		71	,354.			٥.
d	Equipment				91,805.		91	,805.			٥.
<u>e</u>	Other				279,160.		278	,385.			775.
Tota	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column (E). <i>line</i> 1(Dc.)						775.

Schedule D (Form 990) 2022

232052 09-01-22

	vestments - Other Securities. mplete if the organization answered "Yes" of	n Form 990 Part IV line	11h See Form 990 Part X line 12	
	of Security Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial de	rivatives			
	l equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Tetal (Cal (h) mi	upt aqual Form 000, Dart V, col. (B) line 12.)			
Part VIII In	ust equal Form 990, Part X, col. (B) line 12.) vestments - Program Related.			
	mplete if the organization answered "Yes" c a) Description of investment	n Form 990, Part IV, line (b) Book value	 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end 	-of-vear market value
(1)		(b) Book value		or year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) m	ust equal Form 990, Part X, col. (B) line 13.)			
	ther Assets.	n Farma 000 Davit IV/ line	11d Cas Form 000 Dart V line 15	
	mplete if the organization answered "Yes" o	Description	The See Form 990, Part X, line 15.	(b) Book value
(4)	(a) L	Jeschption		(b) BOOK value
(1)				
(2)				
<u>(3)</u> (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column ((b) must equal Form 990, Part X, col. (B) line	15.)		
	ther Liabilities. mplete if the organization answered "Yes" c	n Form 990. Part IV, line	11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability	· · · · · · · · · · · · · · · · · · ·	,, -	(b) Book value
	income taxes			
	ING LEASE			133,798
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. <u>(Column (</u>	<u>(b) must equal Form 990, Part X, col. (B) line</u>	<u>25.)</u>		133,798

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 THE MISSION CONTINUES	20-874	42553 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	18,565,563.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a38,5	28.	
b	Donated services and use of facilities 2b 8,7	00.	
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-29,828.
3	Subtract line 2e from line 1	3	18,595,391.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	5	18,595,391.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	11,298,750.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 8,7	00.	
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	8,700.
3	Subtract line 2e from line 1	3	11,290,050.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,290,050.
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE MISSION CONTINUES (TMC) CONSTITUTES A QUALIFIED NOT-FOR-PROFIT

ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS,

THEREFORE, EXEMPT FROM FEDERAL INCOME TAXES.

IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED

STATES OF AMERICA, TMC USES A LOSS CONTINGENCY APPROACH FOR EVALUATING

UNCERTAIN TAX POSITIONS. MANAGEMENT CONTINUALLY EVALUATES EXPIRING

STATUTE OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW,

AND NEW AUTHORITATIVE RULINGS.

TMC HAS ADDRESSED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR INCOME

232054 09-01-22

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

TAXES. IN THAT REGARD, TMC HAS EVALUATED ITS TAX POSITIONS, EXPIRING

STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW,

AND NEW AUTHORITATIVE RULINGS AND BELIEVES THAT NO PROVISION FOR INCOME

TAXES IS NECESSARY, AT THIS TIME, TO COVER ANY UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047
Department of the Treasury		•	0	Attach to Form		,		Open to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization	ON THE MISSION CO	ONTINUES						Employer identification number 20-8742553
Part I General In	formation on Grants a							
	zation maintain records t		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to a	ward the grants or assis	stance?						X Yes No
	IV the organization's pro							
	d Other Assistance to I hat received more than \$					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ad	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

THE MISSION CONTINUES

20-8742553

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
SERVICE PLATOONS: PROFESSIONAL DEVELOPMENT &								
COMMUNITY PROJECTS	76	249,022.	0.					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.								
PART I, LINE 2:								
· · ·								
SERVICE PLATOONS ARE TEAMS OF VETERANS, ACTIVE DUTY SERVICE MEMBERS,								

GUARDSMEN AND RESERVISTS THAT MOBILIZE TOGETHER TO SOLVE A SPECIFIC

CHALLENGE IN THEIR COMMUNITY. EACH SERVICE PLATOON'S MISSION IS UNIQUE TO

THE PLATOON AND THE CHALLENGES FACING ITS COMMUNITY. EACH MISSION IS

ONGOING AND ORGANIZED AROUND MONTHLY AND QUARTERLY EVENTS. SERVICE PLATOONS

COLLABORATE WITH LOCAL NONPROFITS, CIVIC ORGANIZATIONS AND BUSINESSES TO

ENSURE COMMUNITY SUPPORT AND ENGAGEMENT. IT'S A WIN-WIN FOR VETERANS AND

FOR THE COMMUNITY. VOLUNTEER SERVICE PLATOON LEADERS ARE SELECTED AFTER

Part IV Supplemental Information

COMPLETING AN INTERVIEW PROCESS. SERVICE PLATOON AWARDS ARE PROVIDED TO

THE ACTIVELY INVOLVED SERVICE PLATOON LEADERS IN RECOGNITION OF THEIR

VOLUNTEER POSITION. ALL OTHER EXPENSES FOR PLATOON PROJECTS AND GATHERINGS

ARE SUBMITTED BY THE PLATOON LEADER FOR PAYMENT UNDER ESTABLISHED

GUIDELINES.

Schedule I (Form 990)

SC	HEDULE J	ULE J Compensation Information				OMB No. 1545-0047			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		•			
	rtment of the Treasury	Attach to Form 990.		Open to		ic			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id	Inspe		mhor			
Man	ne of the organizatior	THE MISSION CONTINUES	Employer id	42553	mnu	nber			
Pa	rt I Question	s Regarding Compensation	20 07	42333					
	duootion.				Yes	No			
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		103				
		line 1a. Complete Part III to provide any relevant information regarding these items.	,						
	First-class or c		nal use						
	Travel for com								
		ation and gross-up payments Health or social club dues or initiation fee							
		spending account Personal services (such as maid, chauffer	ır, chef)						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3		ny, of the following the organization used to establish the compensation of the organization's							
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to						
		ation of the CEO/Executive Director, but explain in Part III.							
	X Compensation								
		ompensation consultant							
	X Form 990 of o	ther organizations	ommittee						
	During the year did	any person listed on Form 000. Dot VII. Costion A line to with respect to the filing							
4	organization or a re	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
а	0			4a		x			
b		e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan?				x			
	-	eive payment from an equity-based compensation arrangement?				x			
•	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the re	evenues of:							
а	The organization?			. 5a		x			
b		ation?				X			
		or 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the n								
а	The organization?			. <u>6a</u>		X			
b	Any related organiz	ation?		. 6 b	_	X			
		r 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
_		nes 5 and 6? If "Yes," describe in Part III		. 7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			v			
~				8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
	Regulations section			. 9					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	ile J (Forn	n 990)	2022			

232111 10-18-22

20-8742553

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.

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARY BETH BRUGGEMAN	(i)	236,037.	0.	0.	8,257.	1,869.	246,163.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN THAXTON	(i)	215,927.	0.	0.	8,621.	16,937.	241,485.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AUTUMN SMOOT	(i)	214,315.	0.	0.	0.	16,644.	230,959.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LA COSTA MOORE	(i)	210,381.	0.	0.	4,927.	1,626.	216,934.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MEREDITH DARCHE	(i)	161,075.	0.	0.	0.	7,037.	168,112.	0.
VP, DEVELOPMENT & BOARD LIASION	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HEATHER MCCARTY	(i)	142,300.	0.	0.	5,692.	11,004.	158,996.	0.
VP, PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 3:

THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S PRESIDENT

INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA

FROM VARIOUS NATIONAL VETERANS ORGANIZATIONS, OTHER MIDWEST SOCIAL SERVICE

ORGANIZATIONS. AND THE PRESIDENT'S SALARY HISTORY. AND CONTEMPORANEOUS

SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE ORGANIZATION ALSO

UTILIZED THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW

THE OVERALL ORGANIZATION AND PROVIDE SALARY BANDS AND BENCHMARKING FOR

COMPENSATION.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.



Employer identification number 20-8742553

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE MISSION CONTINUES IMPLEMENTED A NEW PROGRAM THIS YEAR NAMED LEADING

THE MISSION CONTINUES

FOR ALL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SERVICE LEADERSHIP CORPS (SLC) - DEVELOPS VETERANS' LEADERSHIP AND

PROJECT MANAGEMENT SKILLS USING ASSET-BASED COMMUNITY DEVELOPMENT AND

HUMAN-CENTERED DESIGN PRINCIPLES IN ORDER TO PREPARE THEM FOR

LEADERSHIP ROLES WITHIN THE MISSION CONTINUES' SERVICE PLATOON PROGRAM.

A VIRTUAL LEARNING CURRICULUM COMPLEMENTS IN-PERSON SESSIONS SPANNING

THE SIX-MONTH PROGRAM.

EXPENSES \$ 1,264,720. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MASS DEPLOYMENT PROGRAM- BRINGS VETERANS FROM ACROSS THE COUNTRY

TOGETHER WITH COMMUNITY MEMBERS AND LOCAL VETERANS FOR A WEEK OF IMPACT

IN AN UNDER-RESOURCED COMMUNITY. OVER SEVEN FULL DAYS, VETERANS CONNECT

DEEPLY TO EACH OTHER AND TO A COMMUNITY THAT IS FACING SIGNIFICANT

CHALLENGES. THROUGHOUT THE WEEK, THEY GAIN NEW SKILLS IN AN

EXPERIENTIAL LEARNING ENVIRONMENT, CONNECTING WITH THEIR FELLOW

VETERANS AND WITH THE COMMUNITY IN WHICH THEY SERVE, AND THROUGH THEIR

COMMUNITY IMPACT, THEY FIND A RENEWED SENSE OF PURPOSE. FURTHERMORE,

THE LARGE INFUSION OF RESOURCES INTO AN UNDER-RESOURCED COMMUNITY

SERVES AS A CATALYST FOR CONTINUED ENGAGEMENT AND ADVOCACY BY COMMUNITY

MEMBERS. MASS DEPLOYMENT PARTICIPANTS (AKA "CREW MEMBERS") RETURN HOME

PREPARED AND ENERGIZED TO LEAD MOVEMENTS OF CHANGE IN THEIR OWN LOCAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 38 Schedule O (Form 990) 2022

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2022.04000 THE MISSION CONTINUES

Schedule O (Form 990) 2022 Name of the organization	Page : Employer identification number
THE MISSION CONTINUES	20-8742553
COMMUNITIES.	
EXPENSES \$ 901,963. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
LEADING FOR ALL IS THE MISSION CONTINUES' NEWEST LEADERSHIP INITIATIVE	
THAT PULLS ON VETERANS' ABILITY TO SERVE AS "BRIDGE BUILDERS" WITH	
OTHERS AND LEAD IN A WAY THAT TRULY BRINGS PEOPLE TOGETHER. THIS	
THREE-DAY INTENSIVE BUILDS UPON THE STRENGTHS AND EXPERIENCES VETERANS	
HAVE LEADING ACROSS LINES OF DIFFERENCE TO CULTIVATE AN ENVIRONMENT	
WHERE ALL FEEL VALUED AND RESPECTED. VETERAN PARTICIPANTS COME AWAY	
FROM THE WORKSHOP WITH A DEEPER UNDERSTANDING, SPECIFIC TOOLS, AND A	
PERSONALIZED PLAN OF ACTION FOR PUTTING WHAT THEY LEARNED INTO	
PRACTICE.	
EXPENSES \$ 584,324. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 IS INITIALLY REVIEWED AND APPROVED BY THE FINANCE	
COMMITTEE. A COPY IS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR	
TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION CONDUCTS PERIODIC REVIEWS, SOMETIMES WITH THE HELP OF	
OUTSIDE ADVISORS, TO ENSURE IT IS CONSISTENT IN MONITORING AND ENFORCING	
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. VIOLATIONS OF THE	
CONFLICT OF INTEREST POLICY ARE INVESTIGATED BY THE GOVERNING BOARD AND, IF	
NECESSARY, APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION IS TAKEN.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S PRESIDENT	

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page
Name of the organization	Employer identification number
THE MISSION CONTINUES	20-8742553
INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA	
FROM VARIOUS NATIONAL VETERANS ORGANIZATIONS, OTHER MIDWEST SOCIAL SERVICE	
ORGANIZATIONS, AND THE PRESIDENT'S SALARY HISTORY, AND CONTEMPORANEOUS	
SUBSTANTIATION OF THE DELIBERATION AND DECISION.	
FORM 990, PART VI, SECTION B, LINE 15B:	
THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS AND	
POTENTIAL KEY EMPLOYEES INCLUDES REVIEW AND APPROVAL BY MEMBERS OF THE	
BOARD OF DIRECTORS, COMPARABILITY DATA FROM VARIOUS NATIONAL VETERANS	
ORGANIZATIONS AND OTHER MIDWEST SOCIAL SERVICE ORGANIZATIONS, SALARY	
HISTORY, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND	
DECISION.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY	
NC,ND,OH,OK,OR,PA,RI,SC,TN,TX,UT,VA,WV,WI,WA	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS AND	
FORM 990 AVAILABLE ON ITS WEBSITE. THE ORGANIZATION MAKES ITS GOVERNING	
DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON	
REQUEST.	

232212 10-28-22