			DECF-DFE4-43EC-B80B-3DF01EB8C1CB LIC DISCLOSURE COPY - STATE REGISTRA	TION	NO. 4 <u>3</u> -68-3	
For	9 9) 0	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			OMB No. 1545-0047
Dens	ortment of th	he Treasury	Do not enter social security numbers on this form as it r	-	•	Open to Public
Interr	nal Revenue	e Service	Go to www.irs.gov/Form990 for instructions and the l			Inspection
<u>A</u> F	For the 2			ding A	UG 31, 2024	
	Check if applicable:	C Name of	organization		D Employer identifica	tion number
	Address	YAUT	ER MISSION, INC.			
	Change		usiness as		45-376357	6
	change Initial return			om/suite	E Telephone number	0
	Final return/		EST 15TH STREET	Sin/Suite	212-627-22	100
	termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,818,135.
	Amendeo		YORK, NY 10011	ľ	H(a) Is this a group retu	
	Applica-	F Name a	nd address of principal officer: CASSANDRA AGREDO		for subordinates?	
	pending	SAME	AS C ABOVE		H(b) Are all subordinates inclu	Ided? Yes No
11	Tax-exen		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a lis	st. See instructions
	Vebsite	-	XAVIERMISSION.ORG	l	H(c) Group exemption	
			X Corporation Trust Association Other	L Year o	f formation: 2011 M	State of legal domicile: NY
Pa		Summary		MTCO		
e	1 B		e the organization's mission or most significant activities: XAVIER ATION PROVIDING BASIC SERVICES AS WE			
Jane	2 C	heck this bo				
Governance	3 N		ing members of the governing body (Part VI, line 1a)			.5. 12
ĝ	4 N		ependent voting members of the governing body (Part VI, line 1a)			12
			of individuals employed in calendar year 2023 (Part V, line 2a)			9
Activities &	6 To		of volunteers (estimate if necessary)			5160
ćti	7 a To		d business revenue from Part VIII, column (C), line 12			0.
_ <	b N		business taxable income from Form 990-T, Part I, line 11		7b	0.
					Prior Year	Current Year
ē	8 C		and grants (Part VIII, line 1h)		1,711,671.	1,765,291.
Revenue	9 P	0	ce revenue (Part VIII, line 2g)		0.	<u> </u>
Rev	10 In		come (Part VIII, column (A), lines 3, 4, and 7d)		201.	11 / 50
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-18,744.	-20,333.
		otal revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-18,744. 1,693,134.	-20,333. 1,756,688.
	13 G	otal revenue Grants and sir	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		-18,744. 1,693,134. 240,550.	-20,333. 1,756,688. 269,358.
	13 G 14 B	otal revenue Grants and sir Genefits paid	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	····	-18,744. 1,693,134. 240,550. 0.	-20,333. 1,756,688. 269,358. 0.
Ises	13 G 14 B	otal revenue Grants and sir Genefits paid Galaries, other	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	-18,744. 1,693,134. 240,550.	-20,333. 1,756,688. 269,358.
penses	13 G 14 B	otal revenue Grants and sir Genefits paid Galaries, other Professional fi	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·····	-18,744. 1,693,134. 240,550. 0. 557,357.	-20,333. 1,756,688. 269,358. 0. 641,526.
Expenses	13 G 14 B 15 S 16a P b To	otal revenue Grants and sir Benefits paid Galaries, other Professional fu otal fundrais	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562.	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253.
Expenses	 13 G 14 B 15 S 16a P b To 17 O 	otal revenue arants and sir benefits paid calaries, other professional fi otal fundraisi other expense	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)		-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469.	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137.
	 13 G 14 B 15 S 16a P 16a T 17 O 18 T 19 R 	otal revenue Grants and sir Benefits paid Calaries, other Professional fu otal fundrais Other expense otal expense	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 119,210 es (Part IX, column (A), lines 11a-11d, 11f-24e)	·····	-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469. 136,665.	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551.
	 13 G 14 B 15 S 16a P 16a T 17 O 18 T 19 R 	otal revenue Grants and sir Benefits paid Follaries, other Professional fu Total fundraisi Other expense Total expense Revenue less	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) - nilar amounts paid (Part IX, column (A), lines 1·3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5·10) - undraising fees (Part IX, column (A), line 11e) - ng expenses (Part IX, column (D), line 25) - 119, 210 - sc (Part IX, column (A), lines 11a-11d, 11f-24e) - s. Add lines 13·17 (must equal Part IX, column (A), line 25) - expenses. Subtract line 18 from line 12	·····	-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469. 136,665. jinning of Current Year	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year
	 13 G 14 B 15 S 16a P 16a T 17 O 18 T 19 R 	otal revenue Grants and sir Benefits paid Salaries, other Professional fu Total fundraisi Other expense Revenue less	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469. 136,665. inning of Current Year 542,163.	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year 660,800.
	 13 G 14 B 15 S 16a P 16a T 17 O 18 T 19 R 	otal revenue arants and sir lenefits paid folalaries, other professional fu- total fundraisi other expense levenue less fotal assets (F otal liabilities	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469. 136,665. inning of Current Year 542,163. 34,903.	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year 660,800. 51,989.
Net Assets or Fund Balances	 13 G 14 B 15 S 16a P b To 17 O 18 To 19 R 20 To 21 To 22 N 	otal revenue arants and sir lenefits paid falaries, other professional fu- total fundraisi otal expense levenue less fotal assets (F otal liabilities let assets or	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) - milar amounts paid (Part IX, column (A), lines 1-3) - o or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) - undraising fees (Part IX, column (A), line 11e) - ng expenses (Part IX, column (D), line 25) - 119,210 - 210, -		-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469. 136,665. inning of Current Year 542,163.	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year 660,800.
Net Assets or Linud Balances	13 G 14 B 15 S 16a P 17 O 18 To 19 R 20 To 21 To 22 N art II I	otal revenue arants and sir benefits paid calaries, other professional fu otal fundrais otal expense cotal expense evenue less otal assets (F otal liabilities let assets or Signature	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	• • • • • • • • • • • • • • • • • • •	-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469. 136,665. inning of Current Year 542,163. 34,903. 507,260.	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year 660,800. 51,989. 608,811.
D A Net Assets or	13 G 14 B 15 S 16a P 17 O 18 T 19 R 20 T 21 T 22 N art II III	otal revenue arants and sir benefits paid calaries, other professional fu- cotal fundraisi other expense lotal expense lotal assets (F otal liabilities let assets or Signature ies of perjury,	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 119,210 es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 e Block		-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469. 136,665. inning of Current Year 542,163. 34,903. 507,260.	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year 660,800. 51,989. 608,811.
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pund Balances	13 G 14 B 15 S 16a P b To 17 O 18 To 19 R 20 To 21 To 22 N art II er penalti , correct, To	otal revenue arants and sir benefits paid calaries, other professional fu- cotal fundraisi other expense lotal expense lotal assets (F otal liabilities let assets or Signature ies of perjury,	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1·3) to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5·10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 119,210 is (Part IX, column (A), lines 11a-11d, 11f-24e) is. Add lines 13·17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) und balances. Subtract line 21 from line 20 Block declare that I have examined this return, including accompanying schedules and Declaration of preparer (other than officer) is based on all information of which parts		-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469. 136,665. 136,665. 136,665. 134,903. 507,260. hts, and to the best of my knowledge.	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year 660,800. 51,989. 608,811.
D A Net Assets or	13 G 14 B 15 S 16a P b Ta 17 O 18 Ta 19 R 20 Ta 21 Ta 22 N art II er penalti , correct, S	otal revenue arants and sir benefits paid falaries, other professional fu- total fundraisi otal expense tevenue less otal assets (F otal liabilities let assets or Signature ies of perjury, and complete.	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1·3) to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5·10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 119,210 is (Part IX, column (A), lines 11a-11d, 11f-24e) is. Add lines 13·17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) und balances. Subtract line 21 from line 20 Block declare that I have examined this return, including accompanying schedules and Declaration of preparer (other than officer) is based on all information of which parts		-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469. 136,665. inning of Current Year 542,163. 34,903. 507,260. hts, and to the best of my knowledge. 4/16/2025	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year 660,800. 51,989. 608,811.
D I I Assets or Big	13 G 14 B 15 S 16a P b To 17 O 18 To 19 R 20 To 21 To 22 N art II er penalti , correct, S re K	otal revenue arants and sir benefits paid falaries, other professional fu- total fundraisi otal expense tevenue less otal assets (F otal liabilities let assets or Signature ies of perjury, and complete.	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1·3) to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5·10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 119,210 is (Part IX, column (A), lines 11a-11d, 11f-24e) is, Add lines 13·17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) iund balances. Subtract line 21 from line 20 b Block declare that I have examined this return, including accompanying schedules and Declaration of preparer (other than officer) is based on all information of which purficer BOLLLER, SJ, PRESIDENT		-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469. 136,665. inning of Current Year 542,163. 34,903. 507,260. hts, and to the best of my knowledge. 4/16/2025	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year 660,800. 51,989. 608,811.
D I I Assets or Big	13 G 14 B 15 S 16a P 17 O 18 To 19 R 20 To 21 To 22 N art II	otal revenue arants and sir benefits paid falaries, other professional fu- total fundraisi otal expense tevenue less fotal assets (F fotal liabilities let assets or Signature is of perjury, and complete.	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 119,210 es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 Block declare that I have examined this return, including accompanying schedules and Declaration of preparer (other than officer) is based on all information of which pare ficer BOLLER, SJ, PRESIDENT ame and title		-18,744. 1,693,134. 240,550. 0. 557,357. 0. 758,562. 1,556,469. 136,665. 136,665. 136,665. 136,665. 136,265. 134,903. 507,260. hts, and to the best of my knowledge. 4/16/2025 Date	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year 660,800. 51,989. 608,811.
D I I Assets or Big	13 G 14 B 15 S 16a P 17 O 18 To 19 R 20 To 21 To 22 N art II , correct,	otal revenue Grants and sir Grant and expense Grant assets (F Grant assets or Signature Grant complete Grant assets of Consumer br Signature of of CENNETH Type or print n Print/Type prep	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) o or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 119,210 sc (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 Block declare that I have examined this return, including accompanying schedules and Declaration of preparer (other than officer) is based on all information of which parer's name parer's name Preparer's signature HARTNETT Preparer's signature		$\begin{array}{c c} -18,744. \\ 1,693,134. \\ 240,550. \\ 0. \\ 557,357. \\ 0. \\ \hline \\ 758,562. \\ 1,556,469. \\ 136,665. \\ \hline \\ 136$	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year 660,800. 51,989. 608,811. nowledge and belief, it is PTIN P01429163
Net Assets or Balances Pred Balances	13 G 14 B 15 S 16a P b To 17 O 18 To 19 Ro 20 To 21 To 22 N art II G re K n S see K parer F	otal revenue Grants and sir Genefits paid Genefits paid Grants and sir Genefits paid Grants and sir Grant assets (F Grant assets or Signature Signature Complete Signature Signature Type or print n Print/Type prep BR IDGET Firm's name	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 119,210 es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 e Block declare that I have examined this return, including accompanying schedules and Declaration of preparer (other than officer) is based on all information of which pare ficer BOLLLER, SJ, PRESIDENT ame and title parer's name Preparer's signature		$\begin{array}{c c} -18,744. \\ 1,693,134. \\ 240,550. \\ 0. \\ 557,357. \\ 0. \\ \hline \\ 758,562. \\ 1,556,469. \\ 136,665. \\ \hline \\ 136$	-20,333. 1,756,688. 269,358. 0. 641,526. 0. 744,253. 1,655,137. 101,551. End of Year 660,800. 51,989. 608,811.

	LIVINGSTON, NJ 07039		Phone no. 973-	994-94	94
May the II	RS discuss this return with the preparer shown above? See instructions			X Yes	
LHA For	Paperwork Reduction Act Notice, see the separate instructions.	332001 12-21-23		Form 9	90

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2023)

No

	990 (2023) XAVIER MISSION, INC.	45-3763576	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE COMMUNITY OUTREACH MISSION PROVIDING FOOD, CLOTHING, LIFT TRAINING AND FINANCIAL ASSISTANCE TO HOMELESS AND LOW-ING	E-SKILLS	A
	INDIVIDUALS AND FAMILIES IN THE NEW YORK METRO AREA.	JOHE	
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.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	• •	- a l
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	s, the total expenses, an	a
4a	(Code:) (Expenses \$363,771 including grants of \$269,358 .) (Revenue)
	THE FINANCIAL ASSISTANCE PROGRAM PROVIDES INDIVIDUALS WI		/
	OTHER NECESSARY EXPENSES SUCH AS UTILITIES, TRANSPORTATION		CAL
	EXPENSES.		
4b	(Code:) (Expenses \$ 443,706. including grants of \$) (Revenue		
-10	PROVIDING A HOT, SIT-DOWN MEAL SERVICE EACH SUNDAY FOR U)
	LOW-INCOME INDIVIDUALS.		
4c	(Code:) (Expenses \$217,742. including grants of \$) (Revenue (Code:) (Revenue (Code:)) (Revenue (Code:)
		W-INCOME	
	FAMILIES IN A SHOPPING-STYLE ENVIRONMENT.		
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 262,937. including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,288,156.		
		Form 9	90 (2023)
332002	2 12-21-23		

3 2023.05070 XAVIER MISSION, INC. A8060841

	<u>990 (2023)</u> XAVIER MISSION, INC. 45-3763	576	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
L.	Part VI	<u>11a</u>	~	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
-	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	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	444		x
А	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	11c		- 23
u		114		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19	L	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21		x

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Form 990 (2023)

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Form	990 (2023) XAVIER MISSION, INC. 45-376	3576	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	<u> </u>
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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 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	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	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	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
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 X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29	х	<u> </u>
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 X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
	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			
	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?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
Pal	Check if Schedule O contains a reasonable or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1	Yes	No
		5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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	Drm 990 (2023) XAVIER MISSION, INC.		45-3763	576	Р	_{age} 5
Par	Part V Statements Regarding Other IRS Filings and Tax C	ompliance (continued)				
					Yes	No
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wag	e and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this re	turn	2a 9			
b			ns?	2b	Х	
3a	· · · · · _ · _ · _			3a		X
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide a			3b		
4a	4a At any time during the calendar year, did the organization have an interest					
	financial account in a foreign country (such as a bank account, securities		•	4a		x
b	b If "Yes," enter the name of the foreign country		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	See instructions for filing requirements for FinCEN Form 114, Report of Fo	reign Bank and Financial A	ccounts (FBAR).			
5a				5a		X
b				5b		X
с				5c		
6a	6a Does the organization have annual gross receipts that are normally greate					
	any contributions that were not tax deductible as charitable contributions'			6a		x
b	b If "Yes," did the organization include with every solicitation an express sta					
	were not tax deductible?			6b		
7						
а		.,	vices provided to the payor?	7a	Х	
b				7b	Х	
с						
	to file Form 8282?		•	7c		x
d	d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
е				7e		X
f		-		7f		Х
g	g If the organization received a contribution of qualified intellectual property	-		7g		
h		-		7h		
8	8 Sponsoring organizations maintaining donor advised funds. Did a dor	or advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during	the year?	-	8		
9	9 Sponsoring organizations maintaining donor advised funds.	•				
а	a Did the sponsoring organization make any taxable distributions under sec	tion 4966?		9a		
b	b Did the sponsoring organization make a distribution to a donor, donor adv	isor, or related person?		9b		
10	0 Section 501(c)(7) organizations. Enter:					
а	a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of c	lub facilities	10b			
11	1 Section 501(c)(12) organizations. Enter:					
а	a Gross income from members or shareholders		11a			
b	b Gross income from other sources. (Do not net amounts due or paid to oth	er sources against				
	amounts due or received from them.)		11b			
12a	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filin	ng Form 990 in lieu of Form	1041?	12a		
b	b If "Yes," enter the amount of tax-exempt interest received or accrued durin	ng the year	12b	1		
13	3 Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	a Is the organization licensed to issue qualified health plans in more than on	e state?		13a		
	Note: See the instructions for additional information the organization must	report on Schedule O.				
b	${\bf b}~$ Enter the amount of reserves the organization is required to maintain by the	e states in which the				
	organization is licensed to issue qualified health plans		13b	4		
С	c Enter the amount of reserves on hand		13c			
14a	4a Did the organization receive any payments for indoor tanning services dur	ng the tax year?		14a		X
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide			14b		
15	5 Is the organization subject to the section 4960 tax on payment(s) of more	than \$1,000,000 in remune	ration or			
				15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	6 Is the organization an educational institution subject to the section 4968 e	xcise tax on net investmen	income?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17						
	that would result in the imposition of an excise tax under section 4951, 49	52 or 4953?		17		
	If "Yes," complete Form 6069.				000	
332005	2005 12-21-23			Form	990	(2023)
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45-3763576 XAVIER MISSION, INC. Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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		v	
	on Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	A	X
14	Did the organization have a written document retention and destruction policy?	14		
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?	45.0	х	
	The organization's CEO, Executive Director, or top management official	15a 15b	X	
a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	-	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		- 23
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
.0	for public inspection. Indicate how you made these available. Check all that apply.	Siny)	a and	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	tial	
	statements available to the public during the tax year.	man		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CASSANDRA AGREDO - 212-627-2100			
	55 WEST 15TH STREET, NEW YORK, NY 10011-6801			

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Form 990 (2023)	XAVIER MISSION, INC.	45-3763576	Page 7
Part VII Comper	nsation of Officers, Directors, Trustees, Key Employees,	Highest Compensated	
Employe	ees, and Independent Contractors		
Check if S	chedule O contains a response or note to any line in this Part VII		
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employees	loyees	
 List all of the org 	e for all persons required to be listed. Report compensation for the calend ganization's current officers, directors, trustees (whether individuals or org), (E), and (F) if no compensation was paid.	, ,	,
A 1 1 1 1 1 1 1 1			

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.

Name and titleAverage hours per week (list any hours for related organizations below line)Position (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)Estimated amount of other compensation from related organizations (W-2/1099-MISC/ 1099-NEC)Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)Estimated amount of other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Estimated amount of other compensation from the organizations(1)CASSANDRA AGREDO, LMSW40.00xx145,4444.0.12,613.(2)FR. KENNETH BOLLER, SJ2.00xx0.0.0.PRESIDENT2.000xx0.0.0.
hours per week (list any hours for related organizations below line)box, unless person is both an officer and a director/trustee)compensation from the organizations (W-2/1099-MISC/ 1099-NEC)compensation from related organizations (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organizations and related organizations(1) CASSANDRA AGREDO, LMSW40.00 XXX145,444.0.12,613.(2) FR. KENNETH BOLLER, SJ2.00XXX0.0.0.(3) DAWN BESTHOFF2.000000.0.
Week (list any hours for related organizations below line)week to related organizations below line)model related organizations to astructure to astructure to the organization (W-2/1099-MISC/ 1099-NEC)model organizations (W-2/1099-MISC/ 1099-NEC)other organizations (W-2/1099-MISC/ 1099-NEC)compensation from the organization and related organizations(1) CASSANDRA AGREDO, LMSW40.00 XXX145,444.0.12,613.(2) FR. KENNETH BOLLER, SJ2.00XX0.0.0.PRESIDENTXX0.0.0.0.
(1) CASSANDRA AGREDO, LMSW40.00XX145,444.0.12,613.EXECUTIVE DIRECTORXXX0.0.0.0.(2) FR. KENNETH BOLLER, SJ2.00XXX0.0.0.PRESIDENTXXX0.0.0.0.(3) DAWN BESTHOFF2.000000.0.
(1) CASSANDRA AGREDO, LMSW40.00XX145,444.0.12,613.EXECUTIVE DIRECTORXXX0.0.0.0.(2) FR. KENNETH BOLLER, SJ2.00XXX0.0.0.PRESIDENTXXX0.0.0.0.(3) DAWN BESTHOFF2.000000.0.
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(1) CASSANDRA AGREDO, LMSW40.00XX145,444.0.12,613.EXECUTIVE DIRECTORXXX0.0.0.0.(2) FR. KENNETH BOLLER, SJ2.00XXX0.0.0.PRESIDENTXXX0.0.0.0.(3) DAWN BESTHOFF2.000000.0.
(2) FR. KENNETH BOLLER, SJ2.00XXPRESIDENTXX0.0.(3) DAWN BESTHOFF2.0000.0.
PRESIDENT X X 0. 0. (3) DAWN BESTHOFF 2.00
(3) DAWN BESTHOFF 2.00
CHAIR X X 0. 0. 0.
(4) DIANA BERNAL 1.00
DIRECTOR X 0. 0. 0.
(5) JOSEPH GENTILE 1.00
DIRECTOR X 0. 0. 0.
(6) ROBERT J. DIEHL, CFA 1.00
DIRECTOR X 0. 0. 0.
(7) HARRY FRANCISCO LEWIS ESCOBAR 1.00
DIRECTOR X 0. 0. 0.
(8) VAISHALI JAVERI, ESQ. 1.00
DIRECTOR X 0. 0. 0.
(9) MATTHEW LAFARGUE 2.00
VICE CHAIR X X 0. 0. 0.
(10) JAMES MACGREGOR 2.00
TREASURER X X 0. 0. 0.
(11) NANDINI NAIR, ESQ. <u>1.00</u>
DIRECTOR X 0. 0. 0.
(12) BO LEWKE 1.00
DIRECTOR X 0. 0. 0.
(13) DEBBIE RIES 2.00
SECRETARY X X 0. 0. 0.
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Form 990 (2023)

	990 (2023) XAVIER MI	SSION,	IN	с.						45-3763	576 Page 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
	(A) Name and title	(B) Average hours per week	box,	not ch unles	s per	nore son is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
 1b	Subtotal								145,444.	0.	12,613.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no					····.			0 • 145,444 • eceived more than \$100,	0 . 0 . 000 of reportable	0.
3	compensation from the organization Did the organization list any former officer,	director truste			mpl	0.000	a or	hia	hest compensated emp		1 Yes No
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su	uch individual									3 X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	satio	, on fr	oma	any	unre	late	ed organization or individ	dual for services	4 X 5 X
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	mpensated ind	eper	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of compense	ation from
	the organization. Report compensation for t (A) Name and business			nain DNE			or wi	inin	(B) Description of s		(C) Compensation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nited	l to t	thos C		ted	above) who received mo	bre than	Form 990 (2023)

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			2023) XAVIER MISSIO	N, INC.			45-3763	576 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin				
					(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					
ran			Membership dues 1b					
, 9 0 0		с	Fundraising events 1c	87,415.				
ar /		d	Related organizations 1d					
inil inil		е	Government grants (contributions) 1e	224,565.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and	452 244				
-ibu				453,311.				
ont		-	Noncash contributions included in lines 1a-1f	98,541.	1,765,291.			
0		n	Total. Add lines 1a-1f	Business Code	1,705,291.			
		_		Business Code				
/ice	2	a b						
Ser		c						
		d						
Program Service Revenue		e						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)		12,539.			12,539.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory 7a 33 , 585 .					
		b	Less: cost or other basis					
P			and sales expenses 76 34,394.					
venue		с	Gain or (loss) 7c -809.					
			Net gain or (loss)		-809.	-809.		
Other Re	8	а	Gross income from fundraising events (not including \$ 87,415. of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses	27,053.	00 000			
					-20,333.			-20,333.
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		-	and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
(0				Business Code				
ious e	11	а						
ane		b						
Miscellaneous Revenue		с						
Mis			All other revenue	L				
			Total. Add lines 11a-11d		1,756,688.	-809.	0.	-7,794.
33200	12		Total revenue. See instructions		<u>н,/J0,000.</u>	-009.	. 0.	Form 990 (2023)
JJ200	3 12-	< I-	10					(2023)

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Form 990 (2023) XAVIER MISSION, INC. Part IX Statement of Functional Expenses

ctional Expenses

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

0000	Check if Schedule O contains a respons		-	• • • •	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	269,358.	269,358.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	163,949.	106,101.	33,967.	23,881.
6	Compensation not included above to disqualified	105,545.	100,101.	55,507.	25,001.
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	374,789.	242,258.	74,163.	58,368.
8	Pension plan accruals and contributions (include		·		· · ·
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	50,814.	33,316.	15,706.	1,792. 8,094.
10	Payroll taxes	51,974.	33,595.	10,285.	8,094.
11	Fees for services (nonemployees):				
а	Management				
	Legal	00.050			
	Accounting	22,250.		22,250.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	129,637.	95,285.	10,335.	24,017.
12	Advertising and promotion	6,156.	5572051	6,156.	
13	Office expenses	15,192.	4,179.	10,301.	712.
14	Information technology	4,775.	942.	3,621.	712. 212.
15	Royalties				
16	Occupancy				
17	Travel	8,161.		8,161.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	10 001		10 001	
22	Depreciation, depletion, and amortization	<u>18,601.</u> 3,733.		<u>18,601.</u> 3,733.	
23 24	Insurance	5,155.		5,155.	
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MEALS AND BEVERAGES	376,412.	376,412.		
b	PROGRAM SUPPLIES	122,777.	116,234.	5,608.	935.
с	PROCESSING FEES	24,120.	321.	23,799.	
d	REPAIRS AND MAINTENANCE	9,787.	9,787.		
е	All other expenses	2,652.	368.	1,085.	1,199.
25	Total functional expenses. Add lines 1 through 24e	1,655,137.	1,288,156.	247,771.	119,210.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023)

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XAVIER MISSION, INC.

Form 990 (2023)

Part X Balance Sheet

			45-	3763	576	Pa	_{ge} 11	
this Part X	 	 						

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		136,516.	1	53,948.	
	2	Savings and temporary cash investments			179,443.	2	398,900.
	3	Pledges and grants receivable, net			6,100.	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualit	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	398,363.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	190,411.	220,104.	10c	207,952.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		- 10 100	15		
	16	Total assets. Add lines 1 through 15 (must equa			542,163.	16	660,800.
	17	Accounts payable and accrued expenses		34,903.	17	51,989.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes		F		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-			0.5	
		of Schedule D			34,903.	25	51,989.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		X	54,905.	26	51,909.
S		and complete lines 27, 28, 32, and 33.	ck nere				
nce	27	• • • • •			507,260.	27	608,811.
ala	27	Net assets without donor restrictions			507,200.	27	000,011
Б	20	Organizations that do not follow FASB ASC 9				20	
Ц		and complete lines 29 through 33.	56, cnec				
م ا	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Assi	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			507,260.	32	608,811.
z	33				542,163.	33	660,800.
				·····			Form 990 (2023)

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Form	1990 (2023) XAVIER MISSION, INC.	45-	-3763576	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,756	, 68	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,655	,1:	37.
3	Revenue less expenses. Subtract line 2 from line 1	3	101		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	507	,20	50.
5	Net unrealized gains (losses) on investments	5			
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	608	, 81	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	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?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2023)

SC	HE	DULE A		Dublic Cha	rity Status an	d Duk	lia Si	innort		OMB No. 1545-0047	
(Fo	rm 99	90)			nization is a section 501					2023	
					47(a)(1) nonexempt cha					2023	
		of the Treasury nue Service			ttach to Form 990 or Fo					Open to Public	
				Go to www.irs.gov/	Form990 for instructior	ns and the	latest inf	ormation.	F	Inspection	
Nan	ie of i	the organization		D MIGGION	TNO					r identification number	
Pa	rt I	Reason		<u>ER MISSION</u> Charity Status	(All organizations must c	omploto th	nic part) S			5-3763576	
					For lines 1 through 12, c				15.		
1					on of churches described			()(A)(i)			
2	H				(Attach Schedule E (Forn			•,\/~,\•,•			
3	\square				anization described in se		(b)(1)(A)(ii	ii).			
4		-	-		njunction with a hospital			-)(iii). Enter	the hospital's name,	
		city, and state	e:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170	b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	Χ	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	public described in	
		-		omplete Part II.)							
8	\square	-			(1)(A)(vi). (Complete Par						
9		•			in section 170(b)(1)(A)(· ·			Ū.		
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or	
10		university:	on that normal	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from	
10					t to certain exceptions; a						
					(less section 511 tax) fro					-	
				mplete Part III.)	,		·	, ,			
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
		lines 12a thro	ugh 12d that o	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	12g.		
а				-	supervised, or controlled	• • • •	-				
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
h	_	¬ ~		complete Part IV, Se		ion with it		d arganizatio	n(a) hy hay	vin a	
b				-	d or controlled in connect anization vested in the sa			-		-	
			-	t complete Part IV,		anic perso			ge the supp	Joned	
с		_ 0	()	• • •	g organization operated	in connect	tion with. a	and functional	lv integrate	ed with.	
					b). You must complete I					,	
d		-			porting organization oper				ted organiz	zation(s)	
		that is not f	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	veness	
		requiremen	t (see instructi	ions). You must co r	mplete Part IV, Sections	A and D,	and Part	V .			
е			•		written determination fro			Туре I, Туре	II, Type III		
					nally integrated supportion	ng organiz	ation.			[]	
		er the number of the following the second		•	d organization(a)						
g		(i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization			(described on lines 1-10 above (see instructions))	in your governi Yes	ng document? No	support (see in	nstructions)	support (see instructions)	
Tet											
Tota	11										

		AVIER MIS				45-376					
Pa	art II Support Schedule for	-		-			-				
	(Complete only if you checked				n failed to qualify u	nder Part III. If the	organization				
	fails to qualify under the tests listed below, please complete Part III.)										
Se	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	739,609.	1356204.	1384007.	1711671.	1765291.	6956782.				
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	739,609.	1356204.	1384007.	1711671.	1765291.	6956782.				
5	The portion of total contributions										
Ŭ	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)						220,836.				
6	Public support. Subtract line 5 from line 4.						6735946.				
	ction B. Total Support						0755540.				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
	Amounts from line 4	739,609.	1356204.	1384007.	1711671.	1765291.	6956782.				
8	Gross income from interest,	135,005.	13302040	1004007.	1,110,11	1705251.	0330702.				
0	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	440.	698.	293.	207.	12,539.	14,177.				
9	Net income from unrelated business		0501	255.	2070	12,335.	<u></u> , <u>_</u> , <u>,</u> , , .				
9	activities, whether or not the										
10	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
44	assets (Explain in Part VI.)						6970959.				
	Total support. Add lines 7 through 10		(ma)			12	0570555.				
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ourth or fifth tox y		· · · · ·					
13											
Se	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2023 (I			olumn (f))		14	96.63 %				
15	Public support percentage from 2023 (i Public support percentage from 2022						97.83 %				
	a 33 1/3% support test - 2023. If the c										
100	stop here. The organization qualifies						v				
ŀ	33 1/3% support test - 2022. If the c		-			or more check thi					
ĸ	and stop here. The organization qual										
17-	10% -facts-and-circumstances test		• •			and line 1/1 is 10% (
176	and if the organization meets the fact										
	meets the facts-and-circumstances te			-		-					
F	10% -facts-and-circumstances test	-			-	7a and line 15 is :					
Ľ	more, and if the organization meets th	-									
	organization meets the facts-and-circu										
18	Private foundation. If the organizatio				• •						

Schedule A (Form 990) 2023

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XAVIER MISSION, INC.

Schedule A (Form 990) 2023

		•	Described in S		. ,	and 11 16 45 and 1	
	(Complete only if you checked			organization failed	to quality under P	art II. If the organiz	ation fails to
Se	qualify under the tests listed be ction A. Public Support	elow, please comp	Diete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(a) 2019	(6) 2020	(0) 2021	(0) 2022	(e) 2020	
•	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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons 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						
Ċ	c Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	and income from similar sources Durrelated business taxable income						
k	 Unrelated business taxable income (less section 511 taxes) from businesses 						
	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Ċ	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 						
Ċ	 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 						
, 11	 Durrelated 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 						
, 11	 Durrelated 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 Other income. Do not include gain or loss from the sale of capital 						
11 12	 Durrelated 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 						
, 11 12 13	 Durrelated 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 	e organization's fi	rst second third	fourth or fifth tax y	vear as a section 5	01(c)(3) organizatio	
, 11 12 13	 Durrelated 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the 	-					
11 12 13 14	 Durrelated 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here 	-					
11 12 13 14	 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public 	c Support Per	rcentage				
11 12 13 14 <u>Sec</u> 15	 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public 	c Support Per ne 8, column (f), c	centage livided by line 13, o	column (f))		1 1	
11 12 13 14 <u>Se</u> 15 16	 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public 	c Support Pei ne 8, column (f), c Schedule A, Part	r centage livided by line 13, d			15	%
11 12 13 14 <u>Se</u> 15 16	 Durrelated 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage for 2023 (li Public support percentage from 2022 	c Support Per ne 8, column (f), c Schedule A, Part tment Income	rcentage livided by line 13, d III, line 15 Percentage	column (f))		15	
11 12 13 14 <u>See</u> 15 <u>16</u> <u>See</u>	 Durrelated 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage for 2023 (li Public support percentage from 2022 Ction D. Computation of Inves 	c Support Per ne 8, column (f), c Schedule A, Part tment Income 23 (line 10c, colu	rcentage livided by line 13, d III, line 15 Percentage mn (f), divided by li	column (f))		15	
11 12 13 14 <u>Se</u> 15 <u>16</u> 17 18	 Durrelated 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage for 2022 Ction D. Computation of Invess Investment income percentage for 2020 	c Support Per ne 8, column (f), c Schedule A, Part tment Income 23 (line 10c, colui 2022 Schedule A,	rcentage livided by line 13, d III, line 15 Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	
11 12 13 14 <u>Se</u> 15 <u>16</u> <u>Se</u> 17 18	 Durrelated 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage for 2022 Ction D. Computation of Invess Investment income percentage for 2020 	c Support Per ne 8, column (f), c Schedule A, Part tment Income 23 (line 10c, colu 2022 Schedule A, organization did r	rcentage livided by line 13, o III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box	ne 13, column (f))	9 15 is more than 3	15 16 17 18 33 1/3%, and line 1	
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11 12 13 14 <u>See</u> 15 16 <u>Se</u> 17 18 19;	 Durrelated 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage for 2023 (li Public support percentage for 2023) Investment income percentage for 2023 Investment income percentage for 203 Investment income percentage from 2022 a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar 	c Support Per ne 8, column (f), c Schedule A, Part tment Income 23 (line 10c, colur 2022 Schedule A, organization did r d stop here. The organization did r	rcentage livided by line 13, o III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box organization quali not check a box or	ne 13, column (f)) non line 14, and line fies as a publicly s I line 14 or line 19a	e 15 is more than 3 upported organiza 1, and line 16 is mo	15 16 17 18 33 1/3%, and line 17 ition ore than 33 1/3%, a	
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Schedule A (Form 990) 2023 XAVIER MISSION, INC.

1

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3a

Yes No

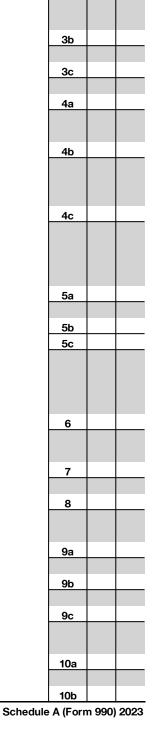
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

Part IV 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.)

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Sche	dule A (Form 990) 2023 XAVIER MISSION, INC. 45	-376357	6 Ра	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer 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 the organization of the organization and the support of the organization and the organization of the organization of the organization and the organization of the organization at the organization of the organization at the organization of the organization of the organization at the organization of the organiza	S,	Yes	No
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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).	1		
Sec	tion 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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below.	ionsj.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>	and the state	- 1	
c 2	The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (s Activities Test. Answer lines 2a and 2b below.	ee instruction	s). Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NU
а	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.	2a		
b		24		
5	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 been engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a				
4	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	Зb		

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Schedule A (Form 990) 2023

	dule A (Form 990) 2023 XAVIER MISSION, INC.	-		45-3763576 _{Page}
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete :	Sections A through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
Ŭ	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		
0	Adjusted Net Income (subtract lines 3, 6, and 7 from line 4)	- 0		(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function			

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

Schedule A (Form 990) 2023

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Sche Par	dule A (Form 990) 2023 XAVIER MISSIO t V Type III Non-Functionally Integrated 509(nizations (5-3763576	Page 7
		allo Supporting Orga	nizations _{(continue}	<u>ea)</u>	Current Ve	
	on D - Distributions	mat aura acco		-	Current Ye	ar
 2	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	a purposes of supported		2		
3	Administrative expenses paid to accomplish exempt purpose	e of supported organizations		2		
4	Amounts paid to acquire exempt-use assets	s of supported organizations		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
•	(provide details in Part VI). See instructions.	le organization le responence		8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
e	Excess from 2023					

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023		MISSION,		45-3763576 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, lines 2 and 3:	4c, 5a, 6, 9a, 9b, Part IV. Section E.	ons required by Part II, line 10; Part II, line 17a 9c, 11a, 11b, and 11c; Part IV, Section B, line lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par , 5, and 6. Also complete this part for any addit	s 1 and 2; Part IV, Section C, t V. Section B. line 1e: Part V.
	(See instructions.)				
332028 12-21-2	3			21	Schedule A (Form 990) 2023
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

2023

Employer identification number

45-3763576

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

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

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

General Rule

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

Special Rules

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

J 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 is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in 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).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

XAVIER MISSION, INC.

45-3763576

(a) (b) (c) (d) 1
Image: second
No. Name, address, and ZIP + 4 Total contributions Type of contrib 2
2
No. Name, address, and ZIP + 4 Total contributions Type of contrib 3
3
(a)(b)(c)(d)No.Name, address, and ZIP + 4Total contributionsType of contrib
4 Person 59,000. Person Complete Part II for noncash contribution
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contrib
5 Person 2 \$ 50,000. Payroll Noncash (Complete Part II for noncash contribution) Complete Part II for noncash contribution
(a)(b)(c)(d)No.Name, address, and ZIP + 4Total contributionsType of contrib
6 Person 50,000. Payroll Noncash Complete Part II for noncash contribut 323452 12-26-23

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2023.05070 XAVIER MISSION, INC.

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10220415 131839 A806084

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

XAVIER MISSION, INC.

45-3763576

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$46,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>37,763.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (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) Type of contribution
		_ \$	Person Payroll On Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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10220415 131839 A806084

Schedule B (Form 990) (2023)	Page 3
Name of organization	Employer identification number
XAVIER MISSION, INC.	45-3763576
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed	1.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	

10220415 131839 A806084

2023.05070 XAVIER MISSION, INC.

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A8060841

-	B (Form 990) (2023)		Page 4				
Name of o	organization		Employer identification number				
	R MISSION, INC.		45-3763576				
Part III	from any one contributor. Complete columns (a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	ift				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				

Schedule B (Form 990) (2023)

26 2023.05070 XAVIER MISSION, INC.

	Po	l	OMB No. 1545-0047			
(Form 990)	For Orga	anizations Exempt From Income	27	2023		
epartment of the Treasury Iternal Revenue Service		e if the organization is described to www.irs.gov/Form990 for ir			EZ.	Open to Public Inspection
		Form 990, Part IV, line 3, or For			ign Activit	ties), then:
• Section 501(c)(3) orga	anizations: Com	plete Parts I-A and B. Do not con	nplete Part I-C.			
• Section 501(c) (other	than section 50	1(c)(3)) organizations: Complete I	Parts I-A and C below. I	Do not complete Part	I-B.	
Section 527 organization	tions: Complete	Part I-A only.				
the organization answ	ered "Yes" on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, line	e 47 (Lobbying Activ	ities), then	:
 Section 501(c)(3) orga 	anizations that h	nave filed Form 5768 (election une	der section 501(h)): Cor	mplete Part II-A. Do n	ot complet	e Part II-B.
 Section 501(c)(3) orga 	anizations that h	nave NOT filed Form 5768 (election	on under section 501(h)): Complete Part II-B.	Do not cor	mplete Part II-A.
the organization answ	ered "Yes" on	Form 990, Part IV, line 5 (Proxy	Tax) (see separate ins	structions) or Form	990-EZ, Pa	art V, line 35c (Proxy
ax) (see separate instru	uctions), then:					
• Section 501(c)(4), (5),	or (6) organizat	ions: Complete Part III.				
lame of organization						identification numbe
	XAVIER 1	MISSION, INC.			4	5-3763576
Part I-A Comple	te if the org	anization is exempt unde	r section 501(c) o	r is a section 52	7 organi	zation.
1 Provide a description	n of the organiz	ation's direct and indirect politica	l campaign activities in	Part IV.		
2 Political campaign a	ctivity expendit	ures			\$	
3 Volunteer hours for p	political campai	gn activities				
Part I-B Comple	te if the org	anization is exempt unde	r section 501(c)(3).		
1 Enter the amount of	any excise tax	incurred by the organization unde	er section 4955		\$	
2 Enter the amount of	any excise tax	incurred by organization manage	rs under section 4955		\$	
•		n 4955 tax, did it file Form 4720 f	or this year?			
4a Was a correction ma						Yes N
b If "Yes," describe in		aniantian in avament unde	reation E01(a)	waant aa ation E	01(-)(2)	
Part I-C Comple	te il the org	anization is exempt unde	= 501(0), 0	except section 5	01(0)(3).	
		by the filing organization for sec			\$	
2 Enter the amount of	the filing organ	by the filing organization for sec ization's funds contributed to oth			\$	
2 Enter the amount of exempt function acti	the filing organi ivities	ization's funds contributed to oth	er organizations for sec	ction 527	····	
 Enter the amount of exempt function acti Total exempt function 	the filing organi ivities	ization's funds contributed to oth	er organizations for sec	ction 527	\$	
 Enter the amount of exempt function acti Total exempt function line 17b 	the filing organi ivities on expenditures	zation's funds contributed to oth Add lines 1 and 2. Enter here an	er organizations for sec d on Form 1120-POL,	otion 527	····	
 Enter the amount of exempt function action Total exempt function line 17b Did the filing organiz 	the filing organi ivities on expenditures ation file Form	Add lines 1 and 2. Enter here an 1120-POL for this year?	er organizations for sec Id on Form 1120-POL,	stion 527	\$	
 Enter the amount of exempt function acti Total exempt function ine 17b Did the filing organiz Enter the names, additional contents 	the filing organi ivities on expenditures ration file Form dresses, and en	Add lines 1 and 2. Enter here an 1120-POL for this year?	er organizations for sec d on Form 1120-POL,) of all section 527 pol	tion 527	\$ \$ which the	filing organization
 Enter the amount of exempt function acti Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For 	the filing organi ivities on expenditures ation file Form dresses, and er r each organizat	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid	er organizations for sec d on Form 1120-POL,) of all section 527 pol from the filing organiza	tion 527 itical organizations to ation's funds. Also en	\$	filing organization ount of political
 Enter the amount of exempt function acti Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions received 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid pomptly and directly delivered to a	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organ	itical organizations to ation's funds. Also en nization, such as a se	\$	filing organization ount of political
 Enter the amount of exempt function actions Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receives political action communications 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	itical organizations to itical organizations to ition's funds. Also en nization, such as a se /.	which the amo	filing organization ount of political regated fund or a
 Enter the amount of exempt function acti Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions received 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid pomptly and directly delivered to a	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organ	tion 527 itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f	which the amorparate seg	filing organization bunt of political regated fund or a Amount of political
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 Enter the amount of exempt function action Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receive political action comm 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	tion 527 itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f	which the amore parate seg	filing organization point of political regated fund or a a) Amount of political tributions received an promptly and directly elivered to a separate
 Enter the amount of exempt function action Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receive political action comm 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	itical organizations to itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f filing organizatio	which the amore parate seg	filing organization pount of political regated fund or a e) Amount of political tributions received an promptly and directly elivered to a separate political organization.
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 Enter the amount of exempt function action Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receives political action comm 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	itical organizations to itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f filing organizatio	which the amore parate seg	filing organization point of political regated fund or a e) Amount of political tributions received an promptly and directly elivered to a separate political organization.
 Enter the amount of exempt function action Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receives political action comm 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	itical organizations to itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f filing organizatio	which the amore parate seg	filing organization point of political regated fund or a e) Amount of political tributions received an promptly and directly elivered to a separate political organization.
 Enter the amount of exempt function action Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receive political action comm 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	itical organizations to itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f filing organizatio	which the amore parate seg	filing organization point of political regated fund or a e) Amount of political tributions received an promptly and directly elivered to a separate political organization.
 Enter the amount of exempt function action Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receive political action comm 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	itical organizations to itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f filing organizatio	which the amore parate seg	filing organization point of political regated fund or a e) Amount of political tributions received an promptly and directly elivered to a separate political organization.
 Enter the amount of exempt function action Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receive political action comm 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	itical organizations to itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f filing organizatio	which the amore parate seg	filing organization pount of political regated fund or a e) Amount of political tributions received an promptly and directly elivered to a separate political organization.
 Enter the amount of exempt function action Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receive political action comm 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	itical organizations to itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f filing organizatio	which the amore parate seg	filing organization pount of political regated fund or a e) Amount of political tributions received an promptly and directly elivered to a separate political organization.
 Enter the amount of exempt function acti Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receive political action comm 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	itical organizations to itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f filing organizatio	which the amore parate seg	filing organization point of political regated fund or a e) Amount of political tributions received an promptly and directly elivered to a separate political organization.
 Enter the amount of exempt function action Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receive political action comm 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	itical organizations to itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f filing organizatio	which the amore parate seg	filing organization pount of political regated fund or a e) Amount of political tributions received an promptly and directly elivered to a separate political organization.
 Enter the amount of exempt function action Total exempt function line 17b Did the filing organiz Enter the names, ad made payments. For contributions receive political action comm 	the filing organi ivities on expenditures ration file Form dresses, and er r each organizated that were pro	Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	er organizations for sec d on Form 1120-POL, d) of all section 527 pol from the filing organiza separate political organizate de information in Part IN	itical organizations to itical organizations to ition's funds. Also en nization, such as a se /. (d) Amount paid f filing organizatio	which the amore parate seg	filing organization pount of political regated fund or a e) Amount of political tributions received an promptly and directly elivered to a separate political organization.

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

Schedule C (Form 990) 2023	VIER MISS	SION, INC.		45-3	3763576 Page 2
Part II-A Complete if the organiz	ation is exe	npt under sectio	n 501(c)(3) and file	ed Form 5768 (ele	ection under
Section 501(h)). A Check if the filing organization expenses, and share of B Check if the filing organization of the filing organizatio	excess lobbying	expenditures).		group member's nam	e, address, EIN,
¥ ¥	Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1	a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad	d lines 1c and 1c	(k			
f Lobbying nontaxable amount. Enter the	amount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b)	s: The lot	obying nontaxable am	ount is:		
not over \$500,000,	20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	ess over \$500,000.		
_over \$1,000,000 but not over \$1,500,00	0, \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,0	00, \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,	\$1,000	,000.			
g Grassroots nontaxable amount (enter 2	5% of line 1f)				
h Subtract line 1g from line 1a. If zero or I	ess, enter -0-				
i Subtract line 1f from line 1c. If zero or le					
j If there is an amount other than zero on		line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year					Yes No
(Some organizations that n	ade a section 5	eraging Period Under 01(h) election do not rate instructions for li	have to complete all o	of the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		T
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

332042 11-06-23

Schedule C (Form 990) 2023	XAVIER	MISSION,	INC.	45-3763576	Page 3
Part II-B Complete if the or (election under se	•		der section 501(c)(3) and has NOT fi	led Form 5768	

Fore	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
h	Deid staff au management (include companyation in superson unpertail on lines to thus up ti)				
	Media advertisements?	x			
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g		Х			338.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				338.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- - - - - - - - - - -			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	TION	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
	answered "Yes."		• •		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par				-	
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
THE	E EXECUTIVE DIRECTOR TRAVELED TO ALBANY, NY WITH A C	ONTING	GENT O	F	
~		D T A A T I			
OTI	IER ORGANIZATIONS TO MEET WITH STATE LEGISLATORS TO	DISCUS	SS ASP	ECTS	
OF	THE STATE BUDGET AND TO ADVOCATE FOR INCREASED FUND	ING FO	OR PRO	GRAMS	
ANI	SERVICES THAT WOULD BENEFIT THE CLIENTS OF THE ORG	ANIZA	rion's		
PRO	GRAMS AND THE ORGANIZATION ITSELF, INCLUDING FOOD G	RANTS	, THE		
33204	3 11-06-23		Schedu	lle C (Form	990) 2023

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Schedule C (Form 990) 2023	XAVIER MISSION,	INC.	45-3763576	Page 4
Part IV Supplemental Inform	mation (continued)			
SUPPLEMENTAL NUTRITI	ON ASSISTANCE PI	ROGRAM, EVICTION	I PREVENTION	
PROGRAMS, SUPPORTIVE	HOUSING, COLA	INCREASES FOR SC	CIAL SERVICE WORKERS	
UNDER STATE CONTRACT	S, ETC. THE TRI	<u>P WAS AN OVERNIG</u>	HT TRIP AND EXPENSES	
INCLUDED THE TRAIN T	ICKET TO AND FRO	OM ALBANY, CABS	WHILE IN ALBANY, AND	
SOME FOOD EXPENSES.				

AS A PARTNER TO OTHER ORGANIZATIONS THAT ENGAGE IN ADVOCACY EFFORTS (SUCH AS THE FOOD BANK FOR NEW YORK CITY, CITY HARVEST, CATHOLIC CHARITIES, AND HUNGER FREE AMERICA), WE ARE OFTEN ASKED TO SHARE OPPORTUNITIES TO ENGAGE IN EFFORTS (PETITIONS, PHONE CALLS TO ELECTED OFFICIALS, SIGN-ONS TO LETTERS, ETC) TO SUPPORT OR OPPOSE CERTAIN LEGISLATION AND BUDGET ALLOCATIONS THAT WILL DIRECTLY IMPACT OUR ORGANIZATION OR OUR CLIENTS OR BOTH. WE REPOST MESSAGES ON OUR SOCIAL MEDIA CHANNELS (FACEBOOK, INSTAGRAM, AND LINKEDIN) ENCOURAGING OUR SUPPORTERS TO ENGAGE IN SUCH OPPORTUNITIES.

Schedule C (Form 990) 2023

332044 11-06-23

Docusign Envelope ID: 639BDECF-DFE4-43EC-B80B-3DF01EB8C1CB

		OMB No. 1545-0047						
(Form 990) 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.								
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest inform	mation.	Open to Public Inspection			
Nam	e of the organization		_		Employer identification number			
De		XAVIER MISSION, IN			45-3763576			
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		IS OF AC	Counts. Complete if the			
	organization		(a) Donor advised funds	(1	b) Funds and other accounts			
1	Total number at er	nd of year		,	,			
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	Did the organizatio	on inform all donors and donor advisors in	writing that the assets held in donor adv	ised fund	s			
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No			
6	•	on inform all grantees, donors, and donor a	• •		•			
		oses and not for the benefit of the donor o			·			
Pa	impermissible priva	ate benefit?						
		ation Easements. Complete if the or		J, Part IV,	line 7.			
1		servation easements held by the organizati n of land for public use (for example, recrea		of a histo	rically important land area			
		f natural habitat	<i>'</i>		ied historic structure			
		n of open space						
2		through 2d if the organization held a quali	ied conservation contribution in the for	m of a con	nservation easement on the last			
	day of the tax year]	Held at the End of the Tax Year			
а	Total number of co	onservation easements			2a			
b					2b			
с	Number of conserv	vation easements on a certified historic str	ucture included on line 2a		2c			
d	Number of conserv	vation easements included on line 2c acqu	ired after July 25, 2006, and not					
	on a historic struct	ture listed in the National Register		[2d			
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by t	he organiz	zation during the tax			
	year							
4		where property subject to conservation eas		_				
5	•	tion have a written policy regarding the per						
•	,	orcement of the conservation easements it						
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	Inservation	h easements during the year			
7	Amount of expens	 es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation eas	ements during the year			
'	Amount of expens	ies incurred in morntoning, inspecting, nanc		valion cas	ements during the year			
8	Does each conserv	 vation easement reported on line 2d above	satisfy the requirements of section 170)(h)(4)(B)(i)				
-)(4)(B)(ii)?						
9		be how the organization reports conservati						
		d include, if applicable, the text of the footr						
	organization's acc	ounting for conservation easements.						
Pa	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or (Other Si	milar Assets.			
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statemen	t and bala	nce sheet works			
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or research in	furtheran	ce of public			
		Part XIII the text of the footnote to its finan						
b		elected, as permitted under FASB ASC 95						
		sures, or other similar assets held for public	exhibition, education, or research in fu	rtherance	of public service,			
	-	ing amounts relating to these items.			^			
		ded on Form 990, Part VIII, line 1						
2	.,	ed in Form 990, Part X received or held works of art, historical tre	asures or other similar assets for financ					
2	-	unts required to be reported under FASB A		hai yain, p				
а	•	on Form 990, Part VIII, line 1	e e e e e e e e e e e e e e e e e e e		\$			
		Form 990, Part X						
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2023			
	09-28-23	,						
			31					
004	15 121020	3000004		TAATA				

2023.05070 XAVIER MISSION, INC.

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3 Using the erganization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). a - plotic exhibition b Scholarly research c Control		dule D (Form 990) 2023 XAVIER	MISSION, II		orical Tre	asures. o	r Other		45-37 r Asset s			age 2
collection terms (check all that apply). Collection terms (check all that apply). Scholarly research Drewise deviation for future generations Collection terms (check all that apply). Provide a description of the organization solution or each data applies in the organization seempt purpose in Part XIII. During the year, did the organization solution or each data applies of the organization seempt purpose in Part XIII. Part of the organization or collections and explain how they further the organization's accelerion? Yes \no Part of the organization or form 990, Part X, line 21. Yes \no Is the organization and part trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Yes \no b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Intermediation and they apply apply and the arrangement in Part XIII. Check here If the explanation include an amount on Form 990, Part X, line 21, for escrow or custodial account line (a) Yes \no Baginning of year balance Intermediation include an amount on Form 990, Part X, line 21, for escrow or custodial account line (a) Yes \no Baginning of year balance Intermediation include an amount on Form 990, Part X, line 21, for escrow or custodial account line (a) Yes \no Baginning of year balance Intermediation include an amount on	3	·									<u>lueu)</u>	
a Public schiztion d Can or exchange program b Schizolary research e Otter	-					in a second second						
b Scholarly research e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Dring the year, dd the organization solic or recoive domations of art, historical treasures, or other similar assets to be solid to reade tunks at them to be maintimed as part of the organization answered Yes" on Form 950, Part X, Ine 9, or reported an anount on Form 900, Part X, Ine 21. 1a Is the organization angent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, Ine 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Yes No c Beginning balance It It Amount d Additions during the year Id Id Id Id d Additions during the year Id	а		c	1 🗌	Loan or exc	hange progra	am					
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To be sold to raise funds rather than to be maintained as part of the organization a collection? Yes No. Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Intermediation in the explanation in the explanation in the part XIII. Amount d Additions during the year Intermediation in the explanation in	4		ollections and explair	n how th	ney further th	ne organizatio	on's exem	npt purpo	se in Part	XIII.		
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c Net investment earnings, gains, and losses												
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs												
and programs	d	Grants or scholarships										
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a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land	g	End of year balance										
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations is endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b buildings c Leasehold improvements b aligning c Leasehold improvements c Leasehold improvements c aligning c Leasehold improvements c<	2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a)) held as:						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (ii) Interlated organizations? (iii) Related organizations? (ii) Interlated organizations listed as required on Schedule R? (iii) Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost cor other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (c) Leasehold improvements (c) Leasehold improvements (c) Equipment (c) Other (c) Other<!--</th--><th>а</th><th>Board designated or quasi-endowment</th><th></th><th>_%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th>	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations isted as required on Schedule R? (iii) Related organization answered "Yes" on Form 990, Part V. line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (c) Accumulated depreciation (c) Accumulated depreciation (c) Recipion of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (c) Recipion of property (c) Recipion (c) R	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations? 3a(i) 3a(i) 3a(ii) 3b 3c 3b 3c 3b 3c	с	Term endowment	<u>%</u>									
organization by: Yes No (i) Unrelated organizations? 3a(i) 3b 3c		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 5 c Leasehold improvements 5 d Equipment 398, 363. 190, 411. 207, 952. e Other 1 207, 952.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	nd administer	ed for the	Э				
(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		organization by:									Yes	No
(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		(i) Unrelated organizations?								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										3a(ii)		
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	chedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par	t VI Land, Buildings, and Equipm	ient									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X,	ine 10.				
1a Land		Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ad	cumulate	ed	(d) Boo	k valu	ie
b Buildings			basis (investr	ment)			dep	preciation				
b Buildings	1 a	Land										
c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 207,952.												
d Equipment 398,363. 190,411. 207,952. e Other												
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 207,952.					39	8,363.	1	90,4	11.	20	7,9	52.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))								-				
				X. line 1	Oc. column	<i>(</i> B))				20	7,9	52.

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Schedule D (Form 990) 2023 XAVIER MISSION, INC.

Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
D)			
(E)			
(F)			
(G)			
(H)			
I. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(b) Book value
	escription		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities	(B))		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(6) (7) (8) (9)			

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) 2023

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Sche	dule D (Form 990) 2023 XAVIER MISSION, INC.				3763576	Page 4			
Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1	Total revenue, gains, and other support per audited financial statements			1	1,994,	,241.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a							
b	Donated services and use of facilities	2b	210,500.						
С	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d	27,053.						
е	Add lines 2a through 2d			2e		,553.			
3	Subtract line 2e from line 1			3	1,756	,688.			
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.)	- 1 - \A/'11-	F	5	1,756	,688.			
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts with	Expenses per H	Returi	n				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1 0 0 0	<u> </u>			
1	Total expenses and losses per audited financial statements			1	1,892	,690.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	010 500						
а	Donated services and use of facilities	2a	210,500.						
b	Prior year adjustments	2b							
С	Other losses	2c							
d	Other (Describe in Part XIII.)	2d	27,053.		0.0 1				
е	Add lines 2a through 2d			2e		,553.			
3	Subtract line 2e from line 1			3	1,655,	,137.			
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	1 (0.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,655,	,137.			
Pa	t 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 ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE ORGANIZATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE

ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION

THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT

RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE

TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION,

CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE

ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON

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Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 XAVIER MISSION, INC. Part XIII Supplemental Information (continued)	45-3763576 Page 5
UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE. NO INTEREST	
WERE RECORDED DURING THE FISCAL YEARS ENDED 2024 AND 2023. AT	I AUGUST 31,
2024 AND 2023, THERE ARE NO SIGNIFICANT INCOME TAX UNCERTAIN	TIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT SPECIAL EVENT EXPENSE	27,053.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT SPECIAL EVENT EXPENSE	27,053.
332055 09-28-23	Schedule D (Form 990) 2023

35 2023.05070 XAVIER MISSION, INC.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities 0	DMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on				r 19,	or if the	2023		
Organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public		
Internal Revenue Service	Go t		Inspection							
Name of the organization		ntification number								
Dart L Eundraig		MISSION, INC.					45-3763			
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants										
c Phone solici		g Special								
d 🗌 In-person so	licitations									
		or oral agreement with any individual				tees,		—		
• • •		art VII) or entity in connection with pr /iduals or entities (fundraisers) pursua			-	na fur	Ves			
compensated at le				agreer				-		
			(iii)	Did		(v)	Amount paid	() A mount paid		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts from activity	tò (c	or retained by) fundraiser	(vi) Amount paid to (or retained by)		
				trol of utions?	from activity	listed in col. (i)		organization		
			Yes	No						
Total	ich the organizatio	n is registered or licensed to solicit c	ontrib		or has been notified	it is d	evernet from re	distration		
or licensing.	ich the organizatio			utions	or has been notified	11 13 0	enptitointe	gistration		

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Docusign Envelope ID: 639BDECF-DFE4-43EC-B80B-3DF01EB8C1CB 45-3763576 Page 2 XAVIER MISSION, INC. Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through DINNER DANCE col. (c)) (event type) (total number) (event type) Revenue 94,135. 94,135. 1 Gross receipts 87,415. 2 Less: Contributions 87,415. 6,720. 6,720. **3** Gross income (line 1 minus line 2) 250. 250. 4 Cash prizes 5 Noncash prizes Direct Expenses 1,850. 1,850. 6 Rent/facility costs 14,903. 14,903. 7 Food and beverages 5,175. 5,175. 8 Entertainment 4,875. 4,875. 9 Other direct expenses 27,053. 10 Direct expense summary. Add lines 4 through 9 in column (d) -20,333. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes **b** If "Yes," explain:

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Schedule G (Form 990) 2023

No

No

Docusign Envelope ID: 639BDECF-DFE4-43EC-B80B-3DF01EB8C1CB

Sch	edule G (Form 990) 2023	XAVIER	MISSION,	INC.	45-3763576 Page 3
				s?	
				member of a partnership or other entity form	
13	Indicate the percentage of gaming				······
					13a %
				nization's gaming/special events books and	
	Name				
	Address				
15a	Does the organization have a cont	tract with a thir	d party from who	m the organization receives gaming revenue	e? Yes No
b	If "Yes," enter the amount of gam				the amount
	of gaming revenue retained by the	e third party	\$		
c	If "Yes," enter name and address	of the third par	ty:		
	Name				
	Address				
16	Gaming manager information:				
	Nomo				
	Name				
	Gaming manager compensation	\$			
	Gaming manager compensation	Φ			
	Description of services provided				
	Director/officer	Employe	e 🗌	Independent contractor	
17	Mandatory distributions:				
a	Is the organization required under	state law to m	ake charitable dis	stributions from the gaming proceeds to	
	retain the state gaming license?				Yes No
b	Enter the amount of distributions	required under	state law to be di	istributed to other exempt organizations or s	spent in the
De	organization's own exempt activit				
Ра				ons required by Part I, line 2b, columns (iii) a	and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	so provide any ad	ditional information. See instructions.	
_					
3320	83 09-13-23				Schedule G (Form 990) 2023
				38	

10220415 131839 A806084

2023.05070 XAVIER MISSION, INC.

Schedule G (Form 990) XAVIER Part IV Supplemental Information (control)	MISSION, INC.		4	5-3763576	Page 4
-art iv Supplemental information (cont	tinued)				
				Schedule G (I	- orm 990)
084 04-01-23	2.0				
0415 131839 A806084	39 2023.0	5070 XAVIER M		INC	28060
1410 IDI000 H000004	2023.0	SOLO WEATER H	TODION, 1		11000000

SCHEDULE I (Form 990)		Go	vernments, an	d Individua	ls in the Ŭni	ted States			1545-0047	
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization Go to www.irs.gov/Form990 for the latest information. Name of the organization on Grants and Assistance Employer id 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of valuation (hook (g) Description of (h) P					to Public ection					
Name of the organization	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. attach to Form 990. attach to Form 990. do to www.irs.gov/Form990 for the latest information. Employer id e of the organization Sature MISSION, INC. Employer id XAVIER MISSION, INC. Employer id Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Colored States Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image: Colored States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (g) Description of noncash assistance (h) Pu or noncash assistance		Employer identificat							
Part I General Infor			C •					45-3	763576	
1 Does the organization	on maintain records	to substantiate the	-			-				
criteria used to awa	rd the grants or assis	stance?						X Yes	No No	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (f) Amount of (g) Description of valuation (book, or assistance (grant assistance)) (f) Method of valuation (book, or assistance) (g) Description of (h) Purpose of grant assistance										
	U U	(b) EIN	.,	1	noncash	valuation (book, FMV, appraisal,				

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 ...

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Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 XAVIER MISSION,	INC.				45-3763576 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL AND TRANSPORTATION ASSISTANCE	103	269,358.	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:

FINANCIAL ASSISTANCE IS PROVIDED TO CLIENTS FOR RENT, UTILITIES,

TRANSPORTATION, AND OTHER CRITICAL EXPENSES. CLIENT REQUESTS ARE REVIEWED

AND IF GRANTED, PAYMENT IS MADE DIRECTLY TO VENDOR. METRO CARDS CAN ALSO BE

PROVIDED FOR LOCAL TRANSPORTATION.

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SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZJ)
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ie of the organization					nber
Da	Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer idea of the organization 45 – 37 XAVIER MISSION, INC. 45 – 37 I Questions Regarding Compensation 45 – 37 Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) f any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or eimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, rustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? mdicate which, if any, of the following the organization used to establish the compensation of the organization's		5/635/	0		
Га		s negariting compensation			¥.	
10	Chook the energy	ate hav (ca) if the arganization provided any of the following to ar for a person listed on Form	000		Yes	No
а			990,			
			معبالدم			
	\equiv					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•			1b		
2						
				2		
	,					
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	5			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	o committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				v
		e payment or change-of-control payment?				X X
b		eive payment from a supplemental nonqualified retirement plan?				A X
С		eive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only sastion 501/a)(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			
5	contingent on the r		/11			
а	-			5a		x
		ation?				X
-		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
-	contingent on the n					
а	•	~ 		6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5			
		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				
				8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023 XAVIER MISSION, INC.

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		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CASSANDRA AGREDO, LMSW	(i)	132,211.	0.	13,233.	0.	12,613.	158,057.	0.
EXECUTIVE DIRECTOR	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[(II)	1						

Schedule J (Form 990) 2023

45-3763576

Schedule J (Form 990) 2023	XAVIER MISSION,	INC.	4	5-3763576	Page 3
Part III Supplemental Informati	on				
Provide the information, explanatio	n, or descriptions required for Pa	rt I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a,	6b, 7, and 8, and for Part II. Also complete this part fo	or any additional information.	

	HEDULE M rm 990)		Nonc	ash Contri	ibutions		OMB No. 1		
•	•	Complete if the or	ganizations	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	20	23)
	ment of the Treasury I Revenue Service	-	-	Attach to Form 9	90.		Open to		с
	e of the organization		rs.gov/Form	990 for instruction	is and the latest informatio		Inspe ver identification		nhor
INAIII	e or the organization	XAVIER MISS	ΓΟΝ ΤΝ	C		Emplo	45-3763		liber
Par	tl Types of	f Property	LON, IN	C•			45 5705	570	
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) hod of determin n contribution ar	0	 3
1	Art - Works of art								
2	Art - Historical trea								
3	Art - Fractional inte	erests							
4	Books and publica	ations							
5		ehold goods			60,000.	FMV			
6		hicles							
7									
8		ty							
9		ly traded							
10		y held stock							
11	Securities - Partne								
40									
12 13	Qualified conserva	laneous							
13	Historic structures								
14		ation contribution - Other							
15	Real estate - Resid								
16		mercial							
17		r							
18		· · · · · · · · · · · · · · · · · · ·							
19				4	4,147.	FMV			
20		I supplies							
21									
22									
23		ens							
24		acts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29		8283 received by the organ	•	5 5					
	for which the orga	nization completed Form 8	283, Part V, L	Jonee Acknowledge	ement 29			Y.	
20-	During the year di	id the exception reactive l			arted in Dart I lines 1 through	h 00 that it		Yes	No
30a					orted in Part I, lines 1 throug ch isn't required to be used [.]				
				,			30a		х
h		the arrangement in Part II.	······						
31		•	policy that re	equires the review a	of any nonstandard contribut	ions?	31		х
					cit, process, or sell noncash				
5-14	contributions?			0	· ·		32a		<u>x</u>
b	If "Yes," describe i	in Part II.							
33	If the organization	didn't report an amount in	column (c) fo	r a type of property	r for which column (a) is cheo	cked,			
	describe in Part II.								
For F	Paperwork Reduct	ion Act Notice, see the Ins	structions for	r Form 990.		So	hedule M (Forr	n 990)	2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023	XAVIER	MISSION,	INC.		4	5-3763576	Page 2
Part II	Supplemental	Informatio	n. Provide the i	nformation required	d by Part I, lines 30b, 3 mber of items received	2b. and 33. and	whether the organiza	tion
32142 09-11-2	23						Schedule M (Form	990) 2023
				16				

10220415 131839 A806084

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SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990- 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.	2023 Open to Public
Internal Revenue Service Name of the organization		Employer identification number
	XAVIER MISSION, INC.	45-3763576
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
BASIC NEEDS,	EMPOWERMENT, AND SELF-SUFFICIENCY FOR DISADVA	NTAGED NEW
YORKERS.		
FORM 990, PA	RT III, LINE 4D, OTHER PROGRAM SERVICES:	
CLOTHING ROOM		ONS OF NEW
AND GENTLY-U		
FRESH ITEMS.	SEASONALLY APPROPRIATE, CASUAL CLOTHING ITEMS	AS WELL AS
BUSINESS WEAD	R FOR JOB INTERVIEWS AND EMPLOYMENT ARE ALSO O	FFERED.
LSEP: THE LI	FE SKILLS EMPOWERMENT PROGRAMS (LSEP) PROVIDE	LIFE-SKILLS
TRAINING, ME	NTORING, TRAUMA-INFORMED GROUP SUPPORT, AND SU	PPORTIVE
SERVICES TO	HOMELESS INDIVIDUALS, HOMELESS VETERANS, AND R	ETURNING
CITIZENS.		
EXPENSES \$ 2	62,937. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
	RT VI, SECTION A, LINE 8B:	
THERE ARE NO	COMMITTEES WITH THE AUTHORITY TO ACT ON BEHAL	F OF THE BOARD.
	RT VI, SECTION B, LINE 11B:	
COPIES OF FO	RM 990 ARE PROVIDED TO THE GOVERNING BODY TO R	EVIEW PROR TO
FILING.		
FORM 990, PA	RT VI, SECTION B, LINE 12C:	
ANNUALLY, OF	FICERS, DIRECTORS, TRUSTEES AND EMPLOYEES ARE	ASKED TO DISCLOSE
ANY KNOWN NO	NCOMPLIANCE WITH THE ORGANIZATIONS CONFLICT OF	INTEREST POLICY.
For Paperwork Reduct	ion Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023

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2023.05070 XAVIER MISSION, INC. A8060841

Schedule O (Form 990) 2023

Name of the organization

XAVIER MISSION, INC.

FORM 990, PART VI, SECTION B, LINE 15:

ANNUALLY, THE GOVERNING BOARD REVIEWS THE PERFORMANCE AND COMPENSATION OF

OFFICERS AND KEY EMPLOYEES AND DECIDES IF ANY ACTIONS ARE REQUIRED.

FORM 990, PART VI, SECTION C, LINE 18:

ONCE THE FINANCIAL REPORT AND 990 ARE COMPLETE, THE 990 IS POSTED ON THE

ORGANZATION'S WEBSITE. DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

ONCE THE FINANCIAL REPORT AND 990 ARE COMPLETE, THE FINANCIAL REPORT IS

POSTED ON THE ORGANZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

332212 11-14-23

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service			IS and Unrelated Pa "Yes" on Form 990, Part IV, lin ach to Form 990. for instructions and the latest	ne 33, 34, 35b, 36,	or 37.			MB No. 1545 202 Ipen to P Inspecti	3 ublic
Name of the organiza	ation XAVIER MISSIO						ployer identifi 15-37635		umber
Part I Identifica	ation of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
	(a) Idress, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total inco	(e) me End-of-year		Direct of	(f) controlling ntity	9
		_							
	ation of Related Tax-Exempt Organiz ions during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more re	elated tax-exe	mpt	
	(a) ame, address, and EIN f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) t controlling entity	cont ent	g) 512(b)(13) rolled tity?
CHURCH OF ST FRA 46 WEST 16TH STF NEW YORK, NY 10		CHURCH	NEW YORK	501(C)(3)		N/A		Yes	No X
,		_							
		_							
		_							

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 XAVIER MISSION, INC.

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box	manag partne	or Percentage ^{ng} ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	io			
	-													
	-													
	-													
	1													
	l		1			l			1					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) b)(13) rolled tity?
		country)				400010		Yes	No
									<u> </u>
]								

Schedule R (Form 990) 2023 XAVIER MISSION, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X	
Sharing of paid employees with related organization(s)	_		+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			Ŧ
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)			

N	(a) ame of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(</u> 4)				
<u>(5)</u>				
_(6)				

Schedule R (Form 990) 2023 XAVIER MISSION, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(h Dispr tior alloca Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn Yes	l or Percel ^{ing} r? owne	k) entage ership

Schedule R (Form 990) 2023

Provide additional information for responses to questions on Schedule R. See instructions.	chedule R (Form 990) 2023 XAVIER Part VII Supplemental Information	R MISSION,	INC.	45-3763576 Page
		onses to questions	s on Schedule B. See instructions	
	· · · · · · · · · · · · · · · ·	<u></u>		
Ochoch Jo D (Form 200)				
53 Schedule R (Form 990)	2165 09-28-23		53	Schedule R (Form 990) 2

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