

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE MASS MENTORING PARTNERSHIP, INC.		D Employer identification number 22-3207958
	Doing business as		E Telephone number 617-695-1200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	75 KNEELAND STREET, 11TH FLOOR		G Gross receipts \$ 3,411,752.
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111		
F Name and address of principal officer: LILY MENDEZ SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.MASSMENTORS.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1993** **M** State of legal domicile: **MA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MASS MENTORING PARTNERSHIP IS COMMITTED TO ENSURING THAT EVERY YOUNG PERSON IN THE STATE HAS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	100
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,488,096.	3,060,075.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	244,846.	188,070.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	535.	1,426.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,978.	8,624.
		3,737,455.	3,258,195.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,448,151.	1,462,924.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,275,951.	1,230,342.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	254,320.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	388,508.	503,864.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,112,610.	3,197,130.	
19 Revenue less expenses. Subtract line 18 from line 12	624,845.	61,065.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,908,855.	4,321,636.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,301,872.	1,653,588.
		2,606,983.	2,668,048.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LILY MENDEZ, PRESIDENT & CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KRISTEN CUMMINGS				P01510495
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MARCUM LLP	11-1986323		(617) 807-5000	
	Firm's address				
	53 STATE STREET				
	BOSTON, MA 02109				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MASS MENTORING PARTNERSHIP IS COMMITTED TO ENSURING THAT EVERY YOUNG PERSON IN THE STATE HAS ACCESS TO QUALITY MENTORING RELATIONSHIPS, REGARDLESS OF WHO THEY ARE OR WHERE THEY LIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,464,573. including grants of \$ 1,320,000.) (Revenue \$ 188,070.) ADVOCACY FOR FIELD RESOURCES - IN COLLABORATION WITH OUR NETWORK OF YOUTH MENTORING PROGRAMS, WE SECURED FUNDING FOR THE MENTORING MATCHING GRANTS PROGRAM IN THE MASSACHUSETTS STATE BUDGET AT \$1,500,000, WHICH IS USED TO INCREASE THE NUMBER OF HIGH-QUALITY MENTORING MATCHES THROUGH GRANTS TO PUBLIC AND PRIVATE AGENCIES. MMP CONDUCTS A COMPETITIVE RFP PROCESS AMONG THE STATE'S MENTORING PROGRAMS AND ADMINISTERS AND DISTRIBUTES THE MENTROR MATCHING GRANT FUNDS.

4b (Code:) (Expenses \$ 413,108. including grants of \$ 141,110.) (Revenue \$) AMERICORPS MENTORING ADVOCATES - THE AMERICORPS MENTORING ADVOCATES PROGRAM PLACES SERVICE MEMBERS AT MENTORING PROGRAMS AND YOUTH-SERVING ORGANIZATIONS STATEWIDE TO STRENGTHEN AND IMPROVE PROGRAMS, ALLOWING THEM TO SERVE MORE YOUTH AND ULTIMATELY CONTRIBUTING TO A MORE EFFECTIVE MENTORING FIELD. THE AMERICORPS MENTORING ADVOCATES PROGRAM ENABLES MMP TO PLACE AMERICORPS MEMBERS TO BUILD THEIR HUMAN CAPITAL AND RESOURCES TO SUPPORT AND DEVELOP ORGANIZATIONAL CAPACITY, RESILIENCE, AND DIRECTLY CONTRIBUTING TO IMPROVED OUTCOMES FOR THE YOUTH SERVED.

4c (Code:) (Expenses \$ 603,897. including grants of \$ 1,814.) (Revenue \$) TRAINING & STRATEGIC SERVICES - MMP PROVIDES TRAINING AND TECHNICAL ASSISTANCE TO BUILD MENTORING PROGRAMS AND OTHER YOUTH SERVING ORGANIZATIONS' CAPACITY TO BUILD HIGH QUALITY, HIGH IMPACT EMPOWERING RELATIONSHIPS WITH THE YOUTH THEY SERVE. OUR TRAINING AND TECHNICAL ASSISTANCE ADDRESSES ISSUES OF ORGANIZATIONAL POLICIES, PROCEDURES AND OPERATIONS AND PROGRAMMATIC DEVELOPMENT AND IMPLEMENTATION. SERVICES ARE PROVIDED FOR LARGE COLLABORATIVE GROUPS AS WELL AS INDIVIDUALIZED SERVICES FOR ORGANIZATIONS. ALL TRAININGS AND TECHNICAL ASSISTANCE IS DESIGNED TO INCREASE KNOWLEDGE, SKILLS, AND TO DEVELOP THE ATTITUDES AND FRAMEWORK TO CONNECT WITH YOUTH IN MEANINGFUL WAYS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 308,272. including grants of \$ 0.) (Revenue \$)

4e Total program service expenses 2,789,850.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 20	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	17		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
GREG SMITH C/O MASS MENTORING PARTNERSHIP - 617-695-2441
75 KNEELAND STREET, BOSTON, MA 02111

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACQUI CONRAD CHAIR	5.00	X		X				0.	0.	0.
(2) MARK ELDRIDGE VICE CHAIR	5.00	X		X				0.	0.	0.
(3) JOSHUA B. FRANKLIN TREASURER	5.00	X		X				0.	0.	0.
(4) ANN BURKE CLERK	5.00	X		X				0.	0.	0.
(5) PAUL C. O'BRIEN EX OFFICIO LIFETIME MEMBER	5.00	X						0.	0.	0.
(6) ESHA BASOLE BOARD MEMBER	5.00	X						0.	0.	0.
(7) MIGDALIA IRIS NALLS BOARD MEMBER	5.00	X						0.	0.	0.
(8) GREGORY L. PHILIPS JR. BOARD MEMBER	5.00	X						0.	0.	0.
(9) JOHN MAHONEY BOARD MEMBER	5.00	X						0.	0.	0.
(10) PHILLIP G. ROSHAK BOARD MEMBER	5.00	X						0.	0.	0.
(11) NICOLE EURIECK BOARD MEMBER	5.00	X						0.	0.	0.
(12) COLIN BURCH BOARD MEMBER	5.00	X						0.	0.	0.
(13) TRACEY A. WEST BOARD MEMBER	5.00	X						0.	0.	0.
(14) WARREN ZOLA BOARD MEMBER	5.00	X						0.	0.	0.
(15) TOM CARON BOARD MEMBER	5.00	X						0.	0.	0.
(16) DEBORAH LAWRENCE BOARD MEMBER	5.00	X						0.	0.	0.
(17) GEORGE NEBLE BOARD MEMBER	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LILY MENDEZ PRESIDENT & CEO	40.00			X				160,429.	0.	10,658.
(19) BETH FRASTER VICE PRESIDENT/CHIEF PROGR	40.00					X		100,463.	0.	28,955.
(20) AMANDA DOYLE CHIEF ADVANCEMENT OFFICER	40.00					X		109,761.	0.	19,253.
1b Subtotal								370,653.	0.	58,866.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								370,653.	0.	58,866.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	226,124.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,878,556.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	955,395.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		3,060,075.				
Program Service Revenue	2 a	CONSULTING SERVICES AN	Business Code	812900	188,070.	188,070.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			188,070.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,426.		1,426.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ <u>226,124.</u> of contributions reported on line 1c). See Part IV, line 18	8a			153,557.			
					153,557.			
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			0.				
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	812900	8,624.	8,624.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			8,624.			
12	Total revenue. See instructions			3,258,195.	196,694.	0.	1,426.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,321,814.	1,321,814.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	141,110.	141,110.		
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	300,506.	229,926.	16,846.	53,734.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	777,479.	594,873.	43,584.	139,022.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	77,261.	59,115.	4,331.	13,815.
10 Payroll taxes	75,096.	57,458.	4,210.	13,428.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying	34,333.	34,333.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	68,366.		68,329.	37.
12 Advertising and promotion	5.	5.		
13 Office expenses	37,157.	28,507.	2,453.	6,197.
14 Information technology				
15 Royalties				
16 Occupancy	133,826.	107,763.	6,616.	19,447.
17 Travel	10,877.	9,804.	448.	625.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	139,579.	125,809.	5,755.	8,015.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a KELLY AWARD	41,147.	41,147.		
b MENTOR PROGRAM SUPPORT	38,186.	38,186.		
c LOSS ON DISPOSAL	388.		388.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,197,130.	2,789,850.	152,960.	254,320.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	923,333.	1	1,062,502.
	2 Savings and temporary cash investments	1,649,884.	2	1,652,296.
	3 Pledges and grants receivable, net	1,302,852.	3	1,364,735.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,881.	9	14,293.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 69,529.		
	b Less: accumulated depreciation	10b 50,494.	7,011.	10c 19,035.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,123.	12	1,138.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,771.	15	207,637.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,908,855.	16	4,321,636.	
Liabilities	17 Accounts payable and accrued expenses	113,372.	17	318,281.
	18 Grants payable	1,116,500.	18	1,245,307.
	19 Deferred revenue	72,000.	19	90,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,301,872.	26	1,653,588.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,714,847.	27	2,056,040.
	28 Net assets with donor restrictions	892,136.	28	612,008.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,606,983.	32	2,668,048.
33 Total liabilities and net assets/fund balances	3,908,855.	33	4,321,636.	

Part 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	3,258,195.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,197,130.
3	Revenue less expenses. Subtract line 2 from line 1	3	61,065.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,606,983.
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	2,668,048.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization: **THE MASS MENTORING PARTNERSHIP, INC.** Employer identification number: **22-3207958**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2222010.	3151309.	2653743.	2968786.	3060075.	14055923.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2222010.	3151309.	2653743.	2968786.	3060075.	14055923.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						631,426.
6 Public support. Subtract line 5 from line 4.						13424497.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2222010.	3151309.	2653743.	2968786.	3060075.	14055923.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,693.	1,878.	782.	535.	1,426.	7,314.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	199,884.	133,697.	111,577.	248,824.	196,694.	890,676.
11 Total support. Add lines 7 through 10						14953913.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	89.77 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	89.53 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

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

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

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

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

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ALKU	485,238.	186,160.
ALKU CHARITABLE FOUNDATION	625,000.	325,922.
STATE STREET FOUNDATION	405,000.	105,922.
YAWKEY FOUNDATION	312,500.	13,422.

Total Excess Contributions to Schedule A, Part II, Line 5

631,426.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE MASS MENTORING PARTNERSHIP, INC.

Employer identification number

22-3207958

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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).

Name of organization THE MASS MENTORING PARTNERSHIP, INC.	Employer identification number 22-3207958
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALKU 200 BRICKSTONE SQUARE #503 ANDOVER, MA 01810	\$ 185,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AMERICORPS 250 E STREET SW, SUITE 300 WASHINGTON, DC 20525	\$ 355,709.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMONWEALTH OF MASSACHUSETTS 14 BEACON STREET BOSTON, MA 02108	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ALKU CHARITABLE FOUNDATION 200 BRICKSTONE SQUARE #503 ANDOVER, MA 01810	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RODMAN FOR KIDS LINCOLN PLACE 10 LINCOLN ROAD FOXBORO, MA 02035	\$ 265,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	YAWKEY FOUNDATION 990 WASHINGTON STREET #315 DEDHAM, MA 02026	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE MASS MENTORING PARTNERSHIP, INC.	Employer identification number 22-3207958
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization THE MASS MENTORING PARTNERSHIP, INC.	Employer identification number 22-3207958
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE MASS MENTORING PARTNERSHIP, INC.	Employer identification number 22-3207958
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(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 a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		34,333.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			34,333.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 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 political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1G INCLUDES THE FOLLOWING EXPENSES IN SUPPORT OF LOBBYING

ACTIVITIES:

LOBBYING EXPENSES PAID FOR CONSULTING SERVICES

\$27,714

Part IV Supplemental Information *(continued)*

ALLOCATION OF OCCUPANCY EXPENSES IN SUPPORT OF LOBBYING \$1,726

ALLOCATION OF OPERATING EXPENSES IN SUPPORT OF LOBBYING \$4,893

TOTAL \$34,333

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **THE MASS MENTORING PARTNERSHIP, INC.** Employer identification number **22-3207958**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- 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:
- | | Yes | No |
|--|--------|----|
| (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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,620.	5,620.	0.
d Equipment		63,909.	44,874.	19,035.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,035.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,294,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	36,697.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		36,697.
3	Subtract line 2e from line 1		3	3,258,195.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,258,195.

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

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

1	Total expenses and losses per audited financial statements		1	3,233,827.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	36,697.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		36,697.
3	Subtract line 2e from line 1		3	3,197,130.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,197,130.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"), WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME DURING THE YEARS ENDED DECEMBER 31, 2022 AND 2021. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE.

THE ORGANIZATION RECOGNIZES AND MEASURES ITS UNRECOGNIZED TAX POSITIONS AND ASSESSES THE LIKELIHOOD, BASED ON THEIR TECHNICAL MERIT, THAT TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS,

Part XIII Supplemental Information (continued)

CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD.

THE MEASUREMENT OF UNRECOGNIZED TAX POSITIONS IS ADJUSTED WHEN NEW INFORMATION IS AVAILABLE, OR WHEN AN EVENT OCCURS THAT REQUIRES A CHANGE. INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX POSITIONS, IF ANY, WOULD BE CLASSIFIED AS INTEREST EXPENSE AND ADDITIONAL INCOME TAXES, RESPECTIVELY, IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS.

THE ORGANIZATION DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2022 AND 2021. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY PERIODS IN PROGRESS OR PENDING.

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	
		JOURNEY TO 30 GALA (event type)	BOSTON MARATHON (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	322,615.	36,366.	20,700.	379,681.
	2	Less: Contributions	175,728.	35,831.	14,565.	226,124.
	3	Gross income (line 1 minus line 2)	146,887.	535.	6,135.	153,557.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	146,887.	535.	6,135.	153,557.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				153,557.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **THE MASS MENTORING PARTNERSHIP, INC.** Employer identification number **22-3207958**

Part I General Information on Grants and Assistance

- 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? Yes 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 (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	14-1970474	501C3	20,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
ASSOCIATES FOR HUMAN SERVICES 1 TAUNTON GREEN, SUITE 2, 1ST FLOOR TAUNTON, MA 02780	04-2556164	501C3	25,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
BBBS OF CENTRAL MA 484 MAIN STREET, SUITE 360 WORCESTER, MA 01608	04-2317926	501C3	57,600.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
BBBS OF FRANKLIN COUNTY PO BOX 100 GREENFIELD, MA 01302	04-2491950	501C3	45,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
BBBS OF HAMPDEN COUNTY 83 MAPLE STREET, SUITE 201 SPRINGFIELD, MA 01105	04-2800998	501C3	40,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
BBBS OF EASTERN MA 75 FEDERAL STREET 8FL BOSTON, MA 02110	04-2074462	501C3	50,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR

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

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG SISTER ASSOC. 20 PARK PLAZA, STE 1420 BOSTON, MA 02115	04-2150651	501C3	50,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
CENTER FOR HUMAN DEVELOPMENT 332 BIRNIE AVENUE SPRINGFIELD, MA 01107	04-2503926	501C3	45,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
CENTERBOARD 16 CITY HALL SQUARE LYNN, MA 01901	04-3019658	501C3	28,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
COMMUNITY TEAMWORK INC 155 MERRIMACK ST 3FL LOWELL, MA 01852	04-2382027	501C3	32,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
ENROOT 99 BISHOP ALLEN DR CAMBRIDGE, MA 02139	04-2103961	501C3	26,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
EVKIDS PO BOX 220502 DORCHESTER, MA 02122	04-2702655	501C3	38,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
FALMOUTH VOLUNTEERS IN PUBLIC SCHOOLS - 874 GIFFORD ST - FALMOUTH, MA 02540	04-3232397	501C3	38,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
GIRLS INC OF LYNN 50 HIGH STREET LYNN, MA 01920	04-2104250	501C3	50,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
JEWISH BIG BROTHER BIG SISTER 333 NAHANTON STREET NEWTON, MA 02459	04-2104354	501C3	20,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE TRANSFORMING COMMUNITY INC 1367 MAIN STREET BROCKTON, MA 02301	88-3288498	501C3	26,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
LUK INC. 545 WESTMINSTER ST FITCHBURG, MA 01420	04-2483679	501C3	32,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
MELROSE ALLIANCE AGAINST VIOLENCE 235 WEST FOSTER STREET MELROSE, MA 02176	04-3293694	501C3	18,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
MOTHER CAROLINE ACADEMY & EDUCATION CENTER - 515 BLUE HILL AVE - DORCHESTER, MA 02121	04-3163180	501C3	10,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
OLD COLONY YMCA 320 MAIN STREET BROCKTON, MA 02301	04-2125014	501C3	32,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
PARTNERS FOR YOUTH WITH DISABILITIES - 5 MIDDLESEX AVE #307 - SOMERVILLE, MA 02145	22-2627798	501C3	45,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
RAILROAD ST. YOUTH PROJECT PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501C3	38,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
RAW ART WORKS 37 CENTRAL SQUARE LYNN, MA 01901	22-2854850	501C3	32,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
SILVER LINING MENTORING 727 ATLANTIC AVE, 3FL BOSTON, MA 02111	04-3575764	501C3	26,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRONG WOMEN, STRONG GIRLS, INC 555 ARMORY STREET SUITE #3R-3 JAMAICA PLAIN, MA 02130	20-2321377	501C3	32,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
FAMILY SERVICE ASSOCIATION 430 CANAL STREET LAWRENCE, MA 01840	04-2104054	501C3	50,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
BOYS & GIRLS CLUB OF GREATER HOLYOKE - 70 NICK COSMOS WAY - HOLYOKE, MA 01040	04-2103792	501C3	32,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
CHICA 98 N WASHINGTON ST., B5 BOSTON, MA 02114	45-3866647	501C3	26,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
HYDE SQUARE TASK FORCE 30 SUNNY SIDE ST. JAMAICA PLAIN, MA 02130	04-3118541	501C3	26,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
PROJECT COACH 2455 MAIN STREET SPRINGFIELD, MA 01107	23-7371934	501C3	20,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
18 DEGREES 480 WEST ST. PITTSFIELD, MA 01201	04-2226238	501C3	20,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
BOSTON PARTNERS IN EDUCATION, INC 44 FARNSWORTH STREET BOSTON, MA 02210	04-2501341	501C3	26,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
BOSTON PROJECT MINISTRIES 15 ELMHURST STREET DORCHESTER, MA 02124	04-3395307	501C3	15,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILD BOSTON 198 TREMONT STREET BOSTON, MA 02116	94-3386695	501C3	15,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
LITERATIONS 1 FEDERAL STREET, 5TH FLOOR BOSTON, MA 02110	04-3227007	501C3	33,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
COACHING FOR CHANGE INC 427 WINTHROP STREET, SUITE A TAUNTON, MA 02780	27-3708397	501C3	15,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
CROSSROADS 119 MYRTLE STREET DUSBURY, MA 02332	04-2103837	501C3	15,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
FOLLOW MY STEPS FOUNDATION INC 33 HASKIN STREET CHICOPEE, MA 01109	85-2648252	501C3	6,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
LIGHTHOUSE PERSONALIZED EDUCATION FOR TEENS - 208 RACE STREET - HOLYOKE, MA 01040	47-2357416	501C3	15,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
POSITIVE ACTION AGAINST CHEMICAL ADDICTION INC - 360 COGGESHALL STREET - NEW BEDFORD, MA 02746	04-2791362	501C3	15,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
SCHOOL ON WHEELS OF MASSACHUSETTS INC - 100 LAUREL STREET, SUITE 101 - EAST BRIDGEWATER, MA 02333	20-1020880	501C3	15,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
THE DREAM PROGRAM PO BOX 361 WINOOSKI, VA 05404	26-0030908	501C3	15,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH DEVELOPMENT ORGANIZATION INC 15 UNION STREET, SUITE 563 LAWRENCE, MA 01840	04-3571721	501C3	15,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
BOSTON CHINATOWN NEIGHBORHOOD CENTER - 38 ASH STREET - BOSTON, MA 02111	23-7209691	501C3	20,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
SPRINGFIELD SCHOOL VOLUNTEERS 1550 MAIN STREET - 3FL SPRINGFIELD, MA 01103	04-2643527	501C3	20,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
GSA LINK INC 23 MAIN STREET NORTHBOROUGH, MA 01532	83-4395295	501C3	10,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR
BOSTON ADULT TECHNICAL ACADEMY 20 CHURCH STREET BOSTON, MA 02116	22-2514422	501C3	10,000.	0.	BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AMERICORPS STIPEND AND MEMBER SUPPORT	15	0.	141,110.	BOOK VALUE	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AFRICAN COMMUNITY EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: ASSOCIATES FOR HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING

Part IV Supplemental Information

PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: BBBS OF CENTRAL MA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: BBBS OF FRANKLIN COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: BBBS OF HAMPDEN COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: BBBS OF EASTERN MA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BIG SISTER ASSOC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR HUMAN DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: CENTERBOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY TEAMWORK INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: ENROOT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND

Part IV Supplemental Information

WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: EVKIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: FALMOUTH VOLUNTEERS IN PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INC OF LYNN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH BIG BROTHER BIG SISTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: LOVE TRANSFORMING COMMUNITY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING

Part IV Supplemental Information

PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: LUK INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: MELROSE ALLIANCE AGAINST VIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

MOTHER CAROLINE ACADEMY & EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: OLD COLONY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERS FOR YOUTH WITH DISABILITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: RAILROAD ST. YOUTH PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: RAW ART WORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: SILVER LINING MENTORING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: STRONG WOMEN, STRONG GIRLS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING

Part IV Supplemental Information

ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF GREATER HOLYOKE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: CHICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: HYDE SQUARE TASK FORCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT COACH

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: 18 DEGREES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON PARTNERS IN EDUCATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON PROJECT MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: BUILD BOSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LITERATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: COACHING FOR CHANGE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: CROSSROADS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: FOLLOW MY STEPS FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

LIGHTHOUSE PERSONALIZED EDUCATION FOR TEENS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING

Part IV Supplemental Information

PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

POSITIVE ACTION AGAINST CHEMICAL ADDICTION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: SCHOOL ON WHEELS OF MASSACHUSETTS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: THE DREAM PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH DEVELOPMENT ORGANIZATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING
PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING
ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND
WORKFORCE DEVELOPMENT.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON CHINATOWN NEIGHBORHOOD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: SPRINGFIELD SCHOOL VOLUNTEERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: GSA LINK INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON ADULT TECHNICAL ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE MASS MENTORING PARTNERSHIP, INC.

Employer identification number

22-3207958

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LILY MENDEZ PRESIDENT & CEO	(i)	160,429.	0.	0.	8,478.	2,180.	171,087.	0.
	(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)							

Part III Supplemental Information

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

PART I, LINE 3:

AN ANNUAL PERFORMANCE REVIEW CHAIRED BY A BOARD MEMBER WITH INPUT FROM MEMBERS OF THE BOARD IS COMPLETED AND PROVIDED TO THE CHAIR OF THE BOARD, WHO ALONG WITH THE TREASURER DETERMINES THE ANNUAL COMPENSATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER. AS PART OF THE ANNUAL BUDGET DEVELOPMENT CYCLE, THE TREASURER WILL REVIEW THE ANNUAL COMPENSATION OF ALL SENIOR MANAGERS OF THE ORGANIZATION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE MASS MENTORING PARTNERSHIP, INC.

Employer identification number

22-3207958

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCESS TO QUALITY MENTORING RELATIONSHIPS, REGARDLESS OF WHO THEY ARE
OR WHERE THEY LIVE.

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

PUBLIC AWARENESS & MARKETING - MMP DRIVES INCREASED RESOURCES TO THE
MENTORING FIELD FROM THE PUBLIC AND PRIVATE SECTORS BY RAISING
AWARENESS OF MENTORING AS A YOUTH DEVELOPMENT STRATEGY THAT CAN HELP
ADDRESS SOCIAL PROBLEMS SUCH AS EDUCATIONAL ATTAINMENT AND COLLEGE
READINESS, WORKFORCE READINESS, YOUTH VIOLENCE, AND BREAKING THE SCHOOL
TO PRISON PIPELINE.

EXPENSES \$ 308,272. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE PRESIDENT/CEO FOR ACCURACY. ONCE REVIEWED
BY HER, THE FORM 990 IS SENT TO THE TREASURER/CHAIR OF THE FINANCE
COMMITTEE AND CHAIR OF THE BOARD OF DIRECTORS FOR REVIEW. PRIOR TO FILING
THE FORM, IT IS SENT TO ALL VOTING BOARD MEMBERS ELECTRONICALLY FOR THEIR
INDIVIDUAL REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST FORM AND POLICY ARE DISTRIBUTED TO VOTING MEMBERS
OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. COMPLETED FORMS ARE REVIEWED
BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER, AND ANY DOCUMENTED POTENTIAL
CONFLICTS ARE BROUGHT TO THE ATTENTION OF THE CHAIR OF THE BOARD OF
DIRECTORS. IN CASES OF CONFLICT OR THE APPEARANCE OF CONFLICT, THE

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

Schedule O (Form 990) 2022

Name of the organization THE MASS MENTORING PARTNERSHIP, INC.	Employer identification number 22-3207958
--	--

ORGANIZATION'S BOARD MEMBERS WILL DISCLOSE SUCH CONFLICT PRIOR TO TAKING ANY ACTION THAT MIGHT BE INFLUENCED OR APPEAR TO BE INFLUENCED BY IT. ONCE THAT DISCLOSURE HAS BEEN MADE KNOWN, THE REMAINING MEMBERS OF THE BOARD WILL DETERMINE WHETHER A CONFLICT EXISTS OR WHETHER THERE IS A POTENTIAL FOR SUCH CONFLICT. THE BOARD SHALL NOT ENTER INTO CONTRACTS WITH ITS (1) DIRECTORS; (2) DIRECTORS OF RELATED ORGANIZATIONS; (3) ORGANIZATIONS WITH WHICH A DIRECTOR HAS A MATERIAL FINANCIAL INTEREST UNLESS (A) THAT INTEREST IS DISCLOSED OR KNOWN TO THE BOARD; (B) THE BOARD APPROVES, AUTHORIZES OR RATIFIES THE ACTION IN GOOD FAITH; (C) THE APPROVAL IS BY A MAJORITY OF THE DIRECTORS (NOT COUNTING THE INTERESTED DIRECTOR); (D) A QUORUM OF THE BOARD IS PRESENT (NOT COUNTING THE INTERESTED DIRECTOR). IN SUCH CASES, THE INTERESTED DIRECTOR MAY BE PRESENT AT RELATED BOARD MEETINGS TO ANSWER QUESTIONS ABOUT THE FINANCIAL RELATIONSHIP BUT MAY NOT ADVOCATE FOR THE ACTION TO BE TAKEN. IF A VOTE IS TO BE TAKEN, THE INTERESTED DIRECTOR SHOULD LEAVE THE ROOM. THE MINUTES SHALL CLEARLY REFLECT THAT THESE REQUIREMENTS HAVE BEEN MET.

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

AN ANNUAL PERFORMANCE REVIEW CHAIRED BY A BOARD MEMBER WITH INPUT FROM MEMBERS OF THE BOARD IS COMPLETED AND PROVIDED TO THE CHAIR OF THE BOARD, WHO ALONG WITH THE TREASURER DETERMINES THE ANNUAL COMPENSATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER. AS PART OF THE ANNUAL BUDGET DEVELOPMENT CYCLE, THE TREASURER WILL REVIEW THE ANNUAL COMPENSATION OF ALL SENIOR MANAGERS OF THE ORGANIZATION.

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

DOCUMENTS REQUIRED BY LAW ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization THE MASS MENTORING PARTNERSHIP, INC.	Employer identification number 22-3207958
---	---

FROM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE RECEIVED A DRAFT OF THE AUDIT REPORT AND MET AND DISCUSSED THE AUDIT WITH THE AUDITORS PRIOR TO THE REPORT BEING FINALIZED.

FORM 990, PART I, LINES 5: TOTAL NUMBER OF EMPLOYEES

THE NUMBER REQUIRED IN QUESTION 5 IS THE NUMBER OF W-2'S ISSUED BY THE ORGANIZATION. MMP ISSUED 32 W-2'S FOR 2022. OF THE 32 W-2S THAT WERE ISSUED, 17 WERE ACTUAL EMPLOYEES OF MMP. THE OTHER 15 W-2'S ISSUED RELATE TO AMERICORPS MEMBERS. THE FEDERAL GRANT FROM CNCS CONSIDERS THE AMERICORPS MEMBERS TO BE VOLUNTEERS AND NOT STAFF MEMBERS OF MMP. ALTHOUGH THE MEMBERS ARE VOLUNTEERS, MMP IS REQUIRED TO PROVIDE THEM WITH A LIVING STIPEND. SINCE THE MEMBERS ARE PROVIDED WITH A LIVING STIPEND, MMP IS REQUIRED TO ISSUE THEM A W-2. THE EXPENSE ASSOCIATED WITH THE STIPENDS IS REPORTED IN PART IX LINE 2 OF THE FORM 990.

FORM 990, SCHEDULE D, PART VI, LINE 1D:

EQUIPMENT CONSISTS OF OFFICE EQUIPMENT AND COMPUTER HARDWARE AND SOFTWARE.