

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instructions. Ta			Taxpayer	identificatio	n number (TIN)		
print	MCE SOCIAL CAPITAL				20-3154063			
filing your	lie by the ue date for Ing your 5758 CEARY BLVD 261							
return. See instructions. SAN FRANCISCO, CA 94121								
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)					
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 1041-A					
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation) MARCIA MYERS	07						
 If the If thi box 1 1 the 2 If 	the tax year entered in line 1 is for less than 12 months, cl	Group Exe and atta NOVEI anization's , an heck rease	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>MBER 15, 2023</u> , to file return for: d ending on: Initial return	f this is fo all membe	r the whole g ers the exten npt organizat 	roup, check this		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and		Ψ			
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.		
сB	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by			•		
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.		
Caution instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct del	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	TE for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)		

Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Inspection

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.

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

AF	or th	e 2022 calendar year, or tax year beginning and	ending			
B c a	heck if pplicab	c Name of organization		D Employer identific	cation number	
	Addre	MCE SOCIAL CAPITAL				
	Name chang			20-31540	53	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final Feturr		261	415-230-4		
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	39,632,352.	
	Amer	SAN FRANCISCO, CA 94121		H(a) Is this a group re	turn	
	Appli tion	F Name and address of principal officer: GART FORD		for subordinates	? Yes X No	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
<u>I</u> T	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions	
	Vebsi			H(c) Group exemption		
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 2005 N	I State of legal domicile: CA	
Pa	art I	Summary			_	
Ð	1	Briefly describe the organization's mission or most significant activities:				
anc		ENTERPRISES COMMITTED TO GENERATING SUSTA				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more			
) Š	3				18	
ن حە	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u>13</u> 19	
ies	5		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
ivit	6	Total number of volunteers (estimate if necessary)		32		
Act					0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b Prior Year	Current Year	
				1,660,168.	5,988,712.	
ne	8	Contributions and grants (Part VIII, line 1h)		4,031,228.	4,517,400.	
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,481.	123,405.	
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		405,053.	974,517.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,149,930.	11,604,034.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	0,140,000	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,880,125.	2,423,978.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ben		Total fundraising expenses (Part IX, column (D), line 25) 227, 33	36.			
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,080,260.	9,974,013.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,960,385.	12,397,991.	
_	19	Revenue less expenses. Subtract line 18 from line 12		189,545.	-793,957.	
or				ginning of Current Year	End of Year	
Assets -	20	Total assets (Part X, line 16)		62,791,597.	77,753,967.	
ASt	21	Total liabilities (Part X, line 26)		52,885,199.	68,848,672.	
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		9,906,398.	8,905,295.	
Pa	nrt II	Signature Block				

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

Sign	Signature of officer		Date				
Here	CAMILLA NESTOR, CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	PAMELA ALEXANDERSON	PAMELA ALEXANDERSON	11/01/23 self-employed P01218925				
Preparer	Firm's name MOSS ADAMS LLP		Firm's EIN 91-0189318				
Use Only	Firm's address 6565 AMERICAS PAR	KWAY NE STE 600					
	ALBUQUERQUE, NM 87110 Phone no. 505-878-7200						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)						

Form	990 (2022) MCE SOCIAL CAPITAL	20-3154063 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO GENERATE ECONOMIC OPPORTUNITIES FOR WOMEN AND FAMILIE	C TN
	UNDERSERVED COMMUNITIES THROUGHOUT THE DEVELOPING WORLD.	
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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O.	manufact by avanages
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	
4a	10 200 100	nue\$ 5,491,917.)
	DURING 2022, MCE SOCIAL CAPITAL ISSUED A COMBINED \$40.3	MILLION IN NEW
	LOANS TO 28 FINANCIAL SERVICE PROVIDERS AND SMALL AND GR	
	BUSINESSES. AT THE END OF 2022, MCE'S TOTAL OUTSTANDING	
	LOANS WAS \$64.5 MILLION HELD BY 50 FSPS AND SGBS. THIS C	
	USED TO SUPPORT THE DEVELOPMENT OF BUSINESSES AND SOCIAL 32 COUNTRIES AROUND THE WORLD. SINCE DISBURSING ITS FIRS	
	MCE HAS FINANCED LOANS FOR 114 FSPS AND 32 SGBS IN 65 CO	
	Mel MAD I MAMEED DOAND FOR ITT IDID AND 52 DODD IN 05 CO	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	
	Other program convices (Describe on Schodule C)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e		
		Form 990 (2022)
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 Form 990 (2022)
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- 1		- 23
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ũ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
h	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	- 23	x
13 14a	Is the organization a school described in section 170(b)(1)(A)(II)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	_ <u></u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	a		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	gan	X (2022)
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 Form 990 (2022)
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33		33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 23	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	- 23	
D		25h		x
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
I UI				
	Check if Schedule O contains a response or note to any line in this Part V		 V	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 67 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X QQA	
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Form	990 (2022) MCE SOCIAL CAPITAL t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	20-31540)63	Pa	age 5
1 ai	Statements Regarding Other INS Fillings and Tax Compliance (continued)			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I [res	NO
20	filed for the calendar year ending with or within the year covered by this return 2a	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x	
3a			3a		Х
b			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	4a	Х	
b	If "Yes," enter the name of the foreign country NETHERLANDS				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		anization solicit			37
	any contributions that were not tax deductible as charitable contributions?	Г	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions c	-	-		
_	were not tax deductible?	·····	6b		
7	Organizations that may receive deductible contributions under section 170(c).		-		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		7a 71		<u> </u>
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec	luirea	70		х
A	to file Form 8282?If "Yes," indicate the number of Forms 8282 filed during the year 7d		7c		<u></u>
	If "Yes," indicate the number of Forms 8282 filed during the year		7e		х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	F	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	899 as required?	7g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
-	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
-	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		-		
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	ı			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	,			
11	Section 501(c)(12) organizations. Enter:	.			
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	·····	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 I			
-	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand		14a		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	F	14a 14b		- 11
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		עדיי		
.0	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.	··· ···· -			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activitie	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Form 990	(2022)
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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.

X

Sec	tion A. Governing Body and Management					
			18		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	46	13			
b	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship	1b				
2				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under th				Δ	
3				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		3 med :	5		X
6	Did the organization become aware during the year of a significant diversion of the organization size.			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
74	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders. or			
-	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		•	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,				
	on Schedule O how this was done			12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.	Х	
a L	The organization's CEO, Executive Director, or top management official			15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b	23	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	ith a			
104				16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA, CO, KY, MA, M	1D,M	N, NC, NH, NJ	, NY ,	OH,	, PA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	ial	
	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 bo	oks an	d records			
	MARCIA MYERS - 415-230-4330					
	5758 GEARY BLVD #261, SAN FRANCISCO, CA 94121				000	
232006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2022)
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2022.05000 MCE SOCIAL CAPITAL

Form 990 (2022)	MCE SOCIAL CAPITAL	20-3154063 Page 7						
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees	s, Highest Compensated						
Employe	Employees, and Independent Contractors							
Check if Sc	nedule O contains a response or note to any line in this Part VII							
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Em	ployees						
	for all persons required to be listed. Report compensation for the calen nization's current officers, directors, trustees (whether individuals or o	, , , ,						

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	(do not check i box, unless per officer and a di		rson i	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CAMILLA NESTOR CEO	40.00			x				244,730.	0.	19,354.
(2) CATHERINE COVINGTON	40.00									
MAN DIR & CHIEF BUS DEV OFFICER				Х				152,507.	0.	21,556.
(3) GENEVIEVE R LLAMZON	40.00									
GENERAL COUNSEL & COO				Х				159,713.	0.	13,173.
(4) MARCIA MYERS	40.00									
MANAGING DIR. & CFO				X				126,467.	0.	18,114.
(5) CAROLYN HAN	40.00									
INVESTMENT MANAGER						X		107,399.	0.	10,162.
(6) WENDY TURMAN	40.00							0.6 850	•	4 - 4 - 4
MANAGING DIR. & CFO (THRU 6/22)	40.00			X				86,750.	0.	15,973.
(7) ELENA PONS	40.00			37				100 100	0	0
MANAGING DIRECTOR & CIO	40.00			X				100,133.	0.	0.
(8) PIERRE BERARD	40.00			x				90 016	0.	0 222
MANAGING DIR. & CIO (THRU 6/22) (9) ROBERT TAYLOR	0.50		-	<u> </u>				80,916.	0.	9,332.
SENIOR ADVISOR	0.50			x				0.	0.	0.
(10) GARY FORD	1.30							0.	0.	0.
CHAIRMAN OF THE BOD	1.50	x		x				0.	0.	0.
(11) KEVIN CARNAHAN	3.80			1					0.	
BOARD MEMBER, TREASURER & SECRETARY		х		x				0.	0.	0.
(12) AYESHA WAGLE	0.90								•••	
BOARD MEMBER		х						0.	0.	0.
(13) DAN BRUNNER	4.10									
BOARD MEMBER		х						0.	0.	0.
(14) ERIC MCCALLUM	2.40									
BOARD MEMBER		Х						0.	Ο.	0.
(15) JIM CHU	2.40									
BOARD MEMBER		Х						0.	0.	0.
(16) JIM DAVIDSON	2.40									
BOARD MEMBER		Х						0.	0.	0.
(17) JOHN AYLIFFE	3.80									
BOARD MEMBER		Х						0.	0.	0 . Form 990 (2022)

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Form 990 (2022)

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2022.05000 MCE SOCIAL CAPITAL

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MCE SOCIAL CAPITAL

	(A)	(D)					-		ompensated Employee		/=	`
	(A)	(B)				C) sitior	`		(D)	(E)	(F	
	Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable	Estim	
		week					is both pr/trus		compensation	compensation	amou	
		(list any						,	from the	from related organizations	oth	
		hours for	direct						organization	(W-2/1099-MISC/	compen from	
		related	e or (stee			Isated		(W-2/1099-MISC/	1099-NEC)	organiz	
		organizations	ndividual trustee or director	nstitutional trustee		/ee	mper		1099-NEC)	10001120)	and re	
		below	dual t	ution	-	nploy	st co	ъ	,		organiz	
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				
(18)	JUSTIN MORALES	1.00				-						
BOAR	D MEMBER		х						0.	0.		Ο.
(19)	KANINI MUTOONI	0.90										
BOAR	D MEMBER		Х						0.	0.		0.
(20)	KAREN ANSARA	1.10										
BOAR	D MEMBER		Х						0.	0.		0.
(21)	LAURA DEVERE	0.80										
BOAR	D MEMBER (THRU 12/22)		Х						0.	0.		0.
(22)	LEAH BRADFORD FRANCIS	2.40										
BOAR	D MEMBER		Х						0.	0.		0.
(23)	MEG STALLARD	0.90										
	D MEMBER		Х						0.	0.		0.
	NANCY SWANSON	1.00										
	D MEMBER		Х						0.	0.		0.
	RAYMOND J. DUNN (JAY DUNN)	1.00										•
	D MEMBER		Х				<u> </u>		0.	0.		0.
	SAYURI SHARPER	2.50								0		•
	D MEMBER		Х							0.	107	$\frac{0}{cc}$
	Subtotal								1,058,615.	0.	107,	
	Total from continuation sheets to Part VI								0.		107	$\frac{0}{664}$
	Total (add lines 1b and 1c)								1,058,615.	0.	107,	664.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d at	ove	e) wh	o re	ceived more than \$100,0	000 of reportable		c
	compensation from the organization										Ye	6 s No
•											Te	5 110
3	Did the organization list any former officer			-		-		-		-		x
	line 1a? If "Yes," complete Schedule J for s										3	
4	For any individual listed on line 1a, is the su										4 X	
-	and related organizations greater than \$150										4 X	
5	Did any person listed on line 1a receive or a	•							o organization or individ	lual for services	5	x
Sect	rendered to the organization? If "Yes." con ion B. Independent Contractors	plete Schedule	e J fe	or sl	ich į	bers	on .				5	1
	Complete this table for your five highest co	mpensated inc	ana	ndor		ontr	acto	re th	at received more than \$	100 000 of company	tion from	
	the organization. Report compensation for	•	•							· ·		
	(A)	the balendar ye		a run	<u>ig w</u>		<u> </u>		(B)		(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices	Compensa	tion
	Tatal an after the sector of the first sector of the secto	a al calica esta d				11						
	Total number of independent contractors (i \$100,000 of compensation from the organi		Jt IIN	nitec	1 (0	ເກວຣ (se IIS)	red	above) who received mo	bre than		
-	SEE PART VII, SECTION				<u> </u>		- - -		nma		Form 99	

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Form 990 MCE_SOCIA	L CAPIT	'AL	I						20-3154063		
Part VII Section A. Officers, Directors, Tru	est (Compensated Employe	es (continued)								
(A) Name and title	(B) Average hours			(C Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(27) WILLIAM WAY	1.30	37							0	0	
BOARD MEMBER		X						0.	0.	0.	
Total to Part VII, Section A, line 1c		<u> </u>		<u> </u>	<u> </u>	<u> </u>					

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							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under
s	1 a	Federated campaigns		1a						sections 512 - 5
Iun		Membership dues								
Ē		Fundraising events								
and Other Similar Amounts		–		1d		65,880.				
niia		Government grants (contr				437,500.				
0		All other contributions, gifts,								
ner		similar amounts not included				5,485,332.				
5	g	Noncash contributions included in								
anc	-						5,988,712.			
						Business Code				
	2 a	FINANCIAL SERVICE P	ROVI	DER LOANS		525990	3,704,139.	3,704,139.		
	b	b SMALL GROWING BUSINESS LOANS 52					813,261.	813,261.		
Hevenue	c									
eve	d				_					
ř	е									
	f	All other program service	reve	nue						
		Total. Add lines 2a-2f					4,517,400.			
	3	Investment income (includ	ding	dividends, in	tere	st, and				
		other similar amounts)					13,837.			13,83
	4	Income from investment of	of tax	-exempt bor	nd p	roceeds				
	5	Royalties	. <u></u>							
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses \dots	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a			28137886.				
	b	Less: cost or other basis								
		and sales expenses	7b			28028318.				
		Gain or (loss)	7c			109,568.				
	d	Net gain or (loss)					109,568.			109,50
	8 a	Gross income from fundraisi	ng ev	ents (not						
		including \$								
		contributions reported on		-						
		Part IV, line 18			<u>8a</u>					
		Less: direct expenses			8b					
		Net income or (loss) from								
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			<u> </u>					
	iv a	Gross sales of inventory, I			10a					
	۲	and allowances Less: cost of goods sold			10a					
+	C	Net income or (loss) from	Sales	S OF ITIVE TILOP	у	Business Code				
	11 ~	CREDIT LOSS RECOVER	IES			525990	974,517.	974,517.		
Hevenue	n a b						271,017.			
ver						++				
Ч	c c	All other revenue				+				
		All other revenue					974,517.			
	е						····			

Form 990 (2022) MCE SOCIAL CAPITAL
Part VIII Statement of Revenue

70,	ob, 9b, and 10b of Fait VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 070 600	C07 100	260 151	107 000
	trustees, and key employees	1,072,603.	697,192.	268,151.	107,260.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	1,052,055.	072 507	56,041.	22 417
7	Other salaries and wages	1,052,055.	973,597.	50,041.	22,417.
8	Pension plan accruals and contributions (include	10 040	10 276	1 760	1 004
•	section 401(k) and 403(b) employer contributions)	19,040.	12,376. 45,589.	4,760. 17,534.	<u> </u>
9	Other employee benefits	70,137. 210,143.	136,593.	52,536.	1,904. 7,014. 21,014.
10	Payroll taxes	<u>410,143</u> .	130,333.	54,550.	<u>41,014</u> .
11	Fees for services (nonemployees):				
a	Management	22,812.	14,828.	5,703.	2,281.
b		84,140.	14,020.	84,140.	2,201.
	Accounting	04,140.		04,140.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	97,522.		97,522.	
f	Investment management fees	91,544.		91,522.	
g	Other. (If line 11g amount exceeds 10% of line 25,	3,977.	2,585.	994.	398.
10	column (A), amount, list line 11g expenses on Sch O.)	61,981.	45,954.	11,560.	4,467.
12	Advertising and promotion	36,760.		8,694.	3,478.
13 14	Office expenses Information technology	81,943.	53,263.	20,486.	8,194.
14 15	Royalties	01,545.	55,205.	20,400.	0,194.
16		33,393.	21,706.	8,348.	3,339.
17	Occupancy Travel	232,835.	188,441.	32,311.	12,083.
18	Travel Payments of travel or entertainment expenses		100,1110	52/5110	12/0030
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,809.	15,742.	48.	19.
20	Interest	1,856,119.			
21	Payments to affiliates	_,,,	, ,		
22	Depreciation, depletion, and amortization				
23	Insurance	39,378.	26,369.	9,292.	3,717.
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 0.)				
а	BAD DEBT EXPENSE	6,030,965.	6,030,965.		
b	REMEASUREMENT OF GUARAN	1,046,033.		1,046,033.	
с	STRATEGIC INITIATIVES	283,468.	184,254.	70,867.	28,347.
d	BUSINESS DEVELOPMENT	21,925.	21,925.		
е	All other expenses	24,953.	20,041.	3,508.	1,404.
25	Total functional expenses. Add lines 1 through 24e	12,397,991.	10,372,127.	1,798,528.	227,336.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				990 (2000

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(D) Fundraising expenses

(C) Management and general expenses

MCE SOCIAL CAPITAL

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

(A) Total expenses

(B) Program service expenses

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

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

Form 990 (2022)

<u>Form 990 (</u>	2022)	MCE	SOCIAL	CAPITAL	
Part X	Balance Sheet				

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

		Check if Schedule O contains a response or note		(1)		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		8,216,836.	1	10,100,025.
	2	Savings and temporary cash investments		918,669.	2	1,988,310.
	3	Pledges and grants receivable, net			3	<u> </u>
	4	Accounts receivable, net		234,311.	4	603,266.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	— · · · · · · · · · · · · · · · · · · ·		35,776.	9	75,148.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		238,125.	12	
	13	Investments - program-related. See Part IV, line 1	11	48,902,866.	13	58,172,484.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,245,014.	15	6,814,734.
	16	Total assets. Add lines 1 through 15 (must equa		62,791,597.	16	77,753,967.
	17	Accounts payable and accrued expenses	378,263.	17	232,085.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst		10 626 006		10 880 060
iab.		controlled entity or family member of any of thes		10,636,096.	22	19,772,863.
-	23	Secured mortgages and notes payable to unrela		41 256 061	23	40.004.500
	24	Unsecured notes and loans payable to unrelated		41,356,061.	24	48,234,583.
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X	F14 770		600 141
	00	of Schedule D		<u>514,779.</u> 52,885,199.	25	<u>609,141.</u> 68,848,672.
	26	Total liabilities. Add lines 17 through 25	ck here X	52,005,199.	26	00,040,072.
s		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.				
u Cé	27			4,785,934.	27	4 438 971.
sala	28			5,120,464.	28	4,438,971. 4,466,324.
d E	20	Organizations that do not follow FASB ASC 9	58 check here	5/120/1010	20	1/100/0210
Fun		and complete lines 29 through 33.				
P	29	Capital stock or trust principal, or current funds		29		
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq			30	
Ass	31	Retained earnings, endowment, accumulated inc			31	
let.	32	Total net assets or fund balances	9,906,398.	32	8,905,295.	
~	33	Total liabilities and net assets/fund balances		62,791,597.	33	77,753,967.
_				•		- 000 (2222)

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14 2022.05000 MCE SOCIAL CAPITAL

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 8,905,295. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII XII	Forn	n 990 (2022) MCE SOCIAL CAPITAL	20-	-3154063	Pa	_{ae} 12			
1 Total revenue (must equal Part VIII, column (A), line 12) 1 11, 604, 034. 2 Total expenses (must equal Part IX, column (A), line 25) 2 12, 397, 991. 3 Revenue less expenses. Subtract line 2 from line 1 3 -793, 957. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9, 906, 398. 5 Net unrealized gains (losses) on investments 5 -207, 146. 6 6 7 7 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)) 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 8, 905, 295. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other <th>Pa</th> <th>rt XI Reconciliation of Net Assets</th> <th></th> <th></th> <th></th> <th>2</th>	Pa	rt XI Reconciliation of Net Assets				2			
1 Total revenue (must equal Part VIII, column (A), line 12) 1 11, 604, 034. 2 Total expenses (must equal Part IX, column (A), line 25) 2 12, 397, 991. 3 Revenue less expenses. Subtract line 2 from line 1 3 -793, 957. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9, 906, 398. 5 Net unrealized gains (losses) on investments 5 -207, 146. 6 6 7 7 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)) 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 8, 905, 295. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part XI							
2 Total expenses (must equal Part IX, column (A), line 25) 2 12,397,991. 3 Revenue less expenses. Subtract line 2 from line 1 3 -793,957. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9,906,398. 5 Net unrealized gains (losses) on investments 5 -207,146. 6 Donated services and use of facilities 6 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)) 8,905,295. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis									
2 Total expenses (must equal Part IX, column (A), line 25) 2 12,397,991. 3 Revenue less expenses. Subtract line 2 from line 1 3 -793,957. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9,906,398. 5 Net unrealized gains (losses) on investments 5 -207,146. 6 Donated services and use of facilities 6 7 8 9 0. 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)) 8 90, 0. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 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: 2 X X Is deparate basis Consolidated basis Both consolidated and separate basis 2b X <th>1</th> <th>Total revenue (must equal Part VIII, column (A), line 12)</th> <th> 1 </th> <th>11,604</th> <th>4,0</th> <th>34.</th>	1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,604	4,0	34.			
3 Revenue less expenses. Subtract line 2 from line 1 3 -793,957. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9,906,398. 5 Net unrealized gains (losses) on investments 5 -207,146. 6 0 6 7 8 7 8 9 0.4 9 0.4 9,905,295. 10 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 8,905,295. Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated	2	Total expenses (must equal Part IX, column (A), line 25)	2	12,39	7,9	91.			
5 Net unrealized gains (losses) on investments 5 -207,146 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 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 8, 905, 295. Part XIII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X	3		3	-793	3,9	57.			
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 8 , 905 , 295 . Part XIII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X	4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
6 Donated services and use of facilities 7 1 Nestment expenses 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 8 9 1 Accounting method used to prepare the Form 990: 1 1 Accounting method used to prepare the Form 990: 1 1 Accounting financial statements compiled or reviewed by an independent accountant? 1 1 1 1 2a 2a 2a 2a 2a 2a 2a 2a 2a 2b X	5	Net unrealized gains (losses) on investments	5	-20'	7,1	46.			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 8,905,295. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant?	6		6						
 8 Prior period adjustments 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 8,905,295. 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 X Accrual Other, " explain on Schedule O. 2a Were 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 Were the organization's financial statements audited by an independent accountant? 2b X 	7		7						
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 8,905,295. Part XII Financial Statements and Reporting 10 8,905,295. Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X 1 Accounting method used to prepare the Form 990: Cash X 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization 's financial statements compiled or reviewed by an independent accountant? 2a 1 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 Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	8		8						
column (B)) 10 8,905,295. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 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? 2b X	9		9			0.			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Constraint on the second of the	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construction of the second secon		column (B))	10	8,90!	5,2	95.			
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting							
 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				X			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X					Yes	No			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
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 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
separate basis, consolidated basis, or both: Image: Separate basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
b Were the organization's financial statements audited by an independent accountant?		separate basis, consolidated basis, or both:							
		Separate basis Consolidated basis Both consolidated and separate basis							
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis	b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
consolidated basis, or both:									
Separate basis X 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,	С								
review, or compilation of its financial statements and selection of an independent accountant?	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.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?3a X		· · · · · · · · · · · · · · · · · · ·			Х	<u> </u>			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	lit		1			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L			

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nam	ame of the organization Employer identification number								
		MCE	SOCIAL CAP	ITAL				2	0-3154063
Pa	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	organi	ization is not a private found							
1		A church, convention of ch					I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con							
11		An organization organized a	•		•				
12		An organization organized a	-	•	-			•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	• •					-	
а		Type I. A supporting orga	-		•	-			
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must o	-					- (-)	·
b		Type II. A supporting org	-				•		-
		control or management o			ame perso	ns that col	ntroi or manaç	ge the supp	orred
•		organization(s). You mus	-		in connoct	ion with a	and functional	ly intograte	d with
с		J Type III functionally inte its supported organization						ly integrate	a with,
d		Type III non-functionally		-				ted organi-	ration(s)
u	L							-	
	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.								
е		Check this box if the orga	,	•	-			II Type III	
		functionally integrated, or					1900, 1900	n, 1990 m	
f	Ente	er the number of supported of							
q		vide the following information	0						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed no document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota									

Schedule A	(Form	990	202
		000	

MCE SOCIAL CAPITAL

2	0 –	3	1	5	4	0	6	3	Page 2	2

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				_	_	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				-		
4	Total. Add lines 1 through 3						
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)						
6							
	Public support. Subtract line 5 from line 4. ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		(b) 2013	(0) 2020	(0) 2021		
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2022 (I		•			14	%
	Public support percentage from 2021					15	%
16 a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		-				
	and if the organization meets the fact			-	-	t VI how the organi	zation
L	meets the facts-and-circumstances te	-				17a and line 15 is	
b	10% -facts-and-circumstances test		-				10% Or
	more, and if the organization meets the						
19	organization meets the facts-and-circu Private foundation. If the organizatio						
10	The organization. In the organization	IT GIG HOL OHEON A		, 100, 17a, 01 17	D, OHOUN THIS DUX ((Form 990) 2022

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MCE SOCIAL CAPITAL

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 (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 5988712.18617700. 1968193 2158875. 6841752. 1660168. 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 4391728. 4365451. 4031228. 4517400.21148485. 3842678. 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 6550603.11207203. 5691396.10506112.39766185. 5810871. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 409,147. 43,375. 599,294. 757,096. 587,938. 2396850. 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 Ο. c Add lines 7a and 7b 587,938. 409,147. 43,375. 599,294. 757,096. 2396850 37369335 Public support. (Subtract line 7c from line 6.) Section B. Total Support (b) 2019 Calendar year (or fiscal year beginning in) (a) 2018 (c) 2020 (d) 2021 (e) 2022 (f) Total 6550603.11207203. 5691396.10506112.39766185. 9 Amounts from line 6 5810871. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 242,999. 6,296. 4,218. 3,862. 13,837. 271,212. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 242,999 6,296. 4,218. 3,862. 13,837. 271,212. 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 405,053. 13,000. 171. 148,154. 974,517. 1540895. assets (Explain in Part VI.) 6066870. 6557070. 11359575. 6100311.11494466.41578292. **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 89.88 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 92.27 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .65 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 1.04 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 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 _____X 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 gualifies 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 Schedule A (Form 990) 2022 232023 12-09-22

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1

2

Yes No

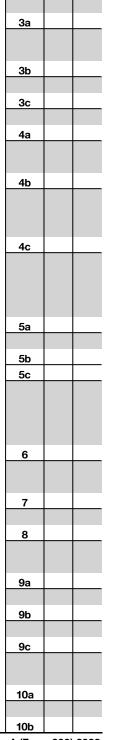
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

19

Schedule A	(Form 990) 2022	MCE	SOCIAL	CAPI
Part IV	Supporting Org	anizations	(continued)	

1

2

No

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

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	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
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

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

supervised	<u>a. or controlled the su</u>	pporting organization.
Section C. T	ype II Supportin	g Organizations

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

Section D	. All Type III	Supporting	Organizations
-----------	----------------	------------	---------------

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

20

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

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

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

3b | | Schedule A (Form 990) 2022

2a

2b

3a

2022.05000 MCE SOCIAL CAPITAL

Yes No

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 mu	ust complete	Sections A through E.	1	
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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	anization (see	

 Schedule A (Form 990) 2022
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Section D - Distributions

3

organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions.

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.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>i</u>	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				
۹	Excess from 2022				

Schedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

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

Current Year

1

2

3 4

5 6

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

CREDIT LOSS RECO	OVERIES	
2018 AMOUNT: \$	13,000.	
2019 AMOUNT: \$	171.	
2020 AMOUNT: \$	148,154.	
2021 AMOUNT: \$	405,053.	
2022 AMOUNT: \$	974,517.	
232028 12-09-22	Schedule A (Forn 23	n 990) 2022

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Schedule of Contributors

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

2022

Employer identification number

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Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total cont
1		s 43
		5
(a)	(b)	(c
No.	Name, address, and ZIP + 4	Total cont

Name of organization MCE SOCIAL CAPITAL

Schedule B (Form 990) (2022)

Employer identification number

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>437,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$93,363.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$78,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$77,830.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$65,880.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 		\$60,000.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

25

MCE SOCIAL CAPITAL						
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is need						
(a)	(c)					
No.	Name, address, and ZIP + 4	Total contr				

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$50,615.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$47,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$44,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$39,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

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(d)

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(c)

Schedule B (Form 990) (2022)

Name of organization

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MCE SOCIAL CAPITAL Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 33,880. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 14 X Person Payroll 28,261. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 27,230. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 24,182. Noncash \$ (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Name of organization

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$19,725.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$19,725.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$19,660.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$ <u>19,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15-	-22		Schedule B (Form 990) (2022

Schedule B (Form 990) (20

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Schedule B	(Form	990)	(2022)
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Part I

(a)

No.

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Employer identification number

MCE SOCIAL CAPITAL

20 - 3154063Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person

		\$ <u>19,120.</u>	Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ <u>19,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ <u>19,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u>17,830.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ <u>17,830.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)
Name of organization

Page **2** Employer identification number

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	Total contributions	
31			Type of contribution
		\$16,150.	Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$13,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$11,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_		\$ <u>11,650.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$10,067.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>36</u> 223452 11-15		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B	(Form	990)	(2022)
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Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
37		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
38		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
39		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
40		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Type of contribution Person X Payroll			
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Type of contribution Person X Payroll			

Schedule B (Form 990) (2022)

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31 2022.05000 MCE SOCIAL CAPITAL

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Schedule	В	(Form	990)	(2022)
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(a)

No.

45

(a)

No.

46

(a)

No.

47

(a)

No.

48

Employer identification number

(d)

Type of contribution

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

X

X

X

MCE SOCIAL CAPITAL

MCE S	OCIAL CAPITAL	20-3154063	
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 contribution	(d) s Type of contribution
43		\$9,50) () . Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
44		\$9,5(Person X Payroll

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

9,500. \$ (b) (c) Name, address, and ZIP + 4 **Total contributions** 9,500. \$ (b) (c) Name, address, and ZIP + 4 **Total contributions** 9,500. \$

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(c)

Total contributions

(c)

Total contributions

\$

9,500.

Schedule	В	(Form	990)	(2022)
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Page **2** Employer identification number

MCE SOCIAL CAPITAL

20	-31	54	06	3
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50_		\$ <u>9,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>9,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$ <u>9,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>53</u>		\$9,290.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54_		\$9,290.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B	(Form	990)	(2022)
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MCE SOCIAL CAPITAL

Name of organization

Employer identification number

(d)

(d)

(d)

(d)

(d)

X

X

X

X

X

X

20-3154063

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 55 Person Payroll 9,290. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 56 Person Payroll 9,290. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 57 Person Payroll 9,290. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 Person Payroll 9,290. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 Person Payroll 8,880. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 60 Person Payroll 8,750. Noncash \$ (Complete Part II for

noncash contributions.) Schedule B (Form 990) (2022)

(d)

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Schedule	В	(Form	990)	(2022)
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Page **2** Employer identification number

MCE SOCIAL CAPITAL _

20	-31	54	06	3
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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
61_		\$8,710.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$8,690.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>63</u>		\$8,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>64</u>		\$8,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>65</u>		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>66</u> 223452 11-15-		\$7,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

MCE SOCIAL CAPITAL

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 67</u>		\$6,597.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>68</u>		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 69</u>		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Name of organization

Employer identification number

MCE SOCIAL CAPITAL

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>74</u>		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Name of organization

Page **2** Employer identification number

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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
79_		\$ <u>5,825.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$ <u>5,825.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81_		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$ <u>5,825.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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MCE S	OCIAL CAPITAL	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contr

85		\$ <u>5,825.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Turne of constribution
<u>No.</u> 86	Name, address, and ZIP + 4		Type of contribution
00		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

(d)

Type of contribution

20 - 3154063

(c)

Total contributions

39

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15-22		\$	Schedule B (Form 990) (2022

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

MCE SOCIAL CAPITAL

Name of organization

Part II

Employer identification number

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Schedule B (Form 990) (2

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Name of or	ganization		Employer identification	ation number
MCE SC	DCIAL CAPITAL		20-31540	63
Part III			on 501(c)(7), (8), or (10) that total more than \$1,0	00 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	s for the year. (Enter this info. once.)	
(a) No.	Use duplicate copies of Part III if additional			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held
			— —	
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transfere	e
	· · · · · · · · · · · · · · · · · · ·			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held
Part I				
			— ———	
F		(a) Transfer of sift		
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transfere	e
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held
F		(e) Transfer of gift	I	
			.	
F	Transferee's name, address, a		Relationship of transferor to transfere	e
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held
			— ———	
Ļ				
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transfere	e
F	· · · · · · · · · · · · · · · · · · ·		· ·····	
223454 11-15-	-22		Schedule B ((Form 990) (2022)
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90	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047		
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,		2022		
•			, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		Open to Public		
	ment of the Treasury I Revenue Service		0 for instructions and the latest information	n.	Inspection		
Nam	e of the organizati			Em	ployer identification number		
D		MCE SOCIAL CAPITAL			20-3154063		
Par		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or	Accou	Its. Complete if the		
	organizatio	franswered fes on Form 990, Part IV, in	(a) Donor advised funds	(b) Eur	nds and other accounts		
-	Total number at an	ad of year	(a) Donor advised funds	(b) Ful			
1 2		nd of year f contributions to (during year)					
2		f grants from (during year)					
4		t end of year					
5							
	Yes No						
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring			
D.	impermissible priv				Yes No		
Par			ganization answered "Yes" on Form 990, Part	IV, line 7			
1		servation easements held by the organization					
		n of land for public use (for example, recrea			r important land area		
		f natural habitat n of open space	Preservation of a c	ertified ni	storic structure		
2			ied conservation contribution in the form of a	conserva	tion easement on the last		
2	day of the tax year				Held at the End of the Tax Year		
а				2a			
b							
с	-	-	ucture included in (a)				
d	Number of conser	vation easements included in (c) acquired a	after July 25,2006, and not on a				
	historic structure l	isted in the National Register		2d			
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the org	janization	during the tax		
	year						
4		where property subject to conservation eas					
5		tion have a written policy regarding the per					
~		orcement of the conservation easements if					
6	Starr and voluntee	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation ease	ements during the year		
7	Amount of expens		lling of violations, and enforcing conservation	easemen	ts during the year		
•	Amount of expens	is incurred in morntoning, inspecting, name		Casemen	to during the year		
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)				Yes No		
9			on easements in its revenue and expense stat				
	balance sheet, and	d include, if applicable, the text of the footr	ote to the organization's financial statements	that des	cribes the		
	organization's acc	ounting for conservation easements.		<u></u>			
Par		-	Art, Historical Treasures, or Othe	r Simila	r Assets.		
		f the organization answered "Yes" on Form					
1a	0	, 1	8, not to report in its revenue statement and l				
		· ·	blic exhibition, education, or research in furthe	erance of	public		
h			ncial statements that describes these items. 8, to report in its revenue statement and bala	nco shoo	works of		
U	-		exhibition, education, or research in furthera				
		ing amounts relating to these items:		or pu			
	-				\$		
					\$		
2	.,		asures, or other similar assets for financial ga	in, provid	 e		
		unts required to be reported under FASB A					
а	Revenue included	on Form 990, Part VIII, line 1			\$		
					\$		
	-	eduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2022		
232051	1 09-01-22						

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Sche		IAL CAPITA						20-31			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simila	⁻ Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t make sig	nificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, his	storical trea	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered	"Yes" on I	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for o	contribution	s or other as	sets not ir	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1 f				
	Did the organization include an amount on Fo						y?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete i	-			(c) Two yea			ears back		Voaro	back
		(a) Current year	(a) F	Prior year	(C) TWO yea	IS DACK ((a) Thee y	Ears Dack	(e) roui	years	DACK
1a	Beginning of year balance										
b	Contributions										
C.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		(1:)) la al al a a a						
2	Provide the estimated percentage of the curr			g, column (a)) neid as:						
a L	Board designated or quasi-endowment		_%								
D	Permanent endowment	% %									
С											
20	The percentages on lines 2a, 2b, and 2c shou		tion the	t are hold a	nd administa	rad far the					
Ja	Are there endowment funds not in the posses organization by:	ssion of the organiza	luon ina	it are neiù ai	nu auministe		7		l	Yes	No
	c								3a(i)		
	(i) Unrelated organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm		WINCHT								
	Complete if the organization answered		, Part IV	/, line 11a. S	See Form 990), Part X, li	ine 10.				
	Description of property	(a) Cost or o			t or other		cumulate	bd	(d) Boo	k valu	e
		basis (investr			(other)		reciation		(u) 200	it vala	0
1 a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must en		X colun	nn (R) line 1	() ()	1					0.
			, oolull	<u>, ישוי וווכ ו</u>	<u></u>			Schedule	D (Forn	n 990)	

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) (Form 990)				CAPITAL
Part VII	Investn	nents -	Other Se	curities.	

(a) Description of security or category (including name of security)

(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)			
Fotal . (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	1		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1) SOCIAL INVESTMENT LOANS	58,172,484.	COST	
	50,172,404.	0001	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	58,172,484.		
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a) Description		(b) Book value
(1) OTHER ASSETS	· ·		404,020
(1) INTEREST RECEIVABLE			597,01
(3) GUARANTOR RECEIVABLE			5,813,70
			5,015,70
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lir	e 15.)		6,814,734
Part X Other Liabilities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line :	25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) INTEREST PAYABLE			609,14
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	<u>ne 25.)</u>		609,14

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

(b) Book value

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

Schedule D (Form 990) 2022

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Sche	edule D (Form 990) 2022 MCE SOCIAL CAPITAL	20-	3154063 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er 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	2,557,091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	J		
b	Donated services and use of facilities 2b 190,8	42.	
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-16,304.
3	Subtract line 2e from line 1	3	2,573,395.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		22.	
b	Other (Describe in Part XIII.) 4b 8,933,1	.17.	
с	Add lines 4a and 4b	4c	9,030,639.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses	5	11,604,034.
Pa		per Retur	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,558,194.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 190, 8	42.	
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	•		190,842.
3	Subtract line 2e from line 1	3	3,367,352.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	22.	
b	Other (Describe in Part XIII.)	.17.	
С	Add lines 4a and 4b		9,030,639.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,397,991.
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE	ORG	ANI	ZAT	ION	QUA	LIF	IES	AS	A TZ	AX-EX	EMPT	ORGA	NIZZ	ATION	I UN	DER ;	SEC	TION	
<u>501</u>	(C)(3)	OF	THE	INT	ERN	AL R	EVE	NUE	CODE	(THI	E COD	E) 2	AND,	THE	REFO	RE,	THE	RE IS
NO	PROV	ISI	ON	FOR	INC	OME	TAX	ES.	IN	ADDI	TION	, THE	OR	GANIZ	ATI	ON QI	UAL	IFIE	S FOR
THE	СНА	RII	TABI	'E CC	NTR	IBU	FION	DE	DUC	FION	UNDEI	R SEC	TIO	N 170) OF	THE	со	DE AI	ND
HAS	BEE	N C	LAS	SIFI	ED	AS Z	AN O	RGA	NIZZ	ATION	THAT	r is	NOT	A PF	RIVA	TE F(OUN	DATI	ON.
INC	OME	DEI	ERM	IINED) TO) BE	UNR	ELA	TED	BUSI	NESS	TAXA	BLE	INCO	ME	(UBI	T)	WOULI	D BE
TAX	ABLE	•																	

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A

CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF

ITS REGULAR	TAX	FILINGS,	AND	DISCUSSIONS	WITH	OUTSIDE	EXPERTS.	AS OF	
232054 09-01-22							S	chedule D (Form 99	0) 2022
				45					

Schedule D	(Form 990)	2022	MCE	SOCIAL	CAPITAL

1,856,119.

1,046,033.

6,030,965.

8,933,117.

Part XIII Supplemental Information (continued)

DECEMBER 31, 2022 AND 2021, THE ORGANIZATION HAD NO UNCERTAIN TAX

POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE

REMEASUREMENT OF GUARANTOR CONTRIBUTIONS

LOAN WRITE-OFF

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 4B - OTHER ADJUSTMENTS:INTEREST EXPENSE1,856,119.REMEASUREMENT OF GUARANTOR CONTRIBUTIONS1,046,033.LOAN WRITE-OFF6,030,965.TOTAL TO SCHEDULE D, PART XII, LINE 4B8,933,117.

Schedule D (Form 990) 2022

232055 09-01-22

15561101 146892 810612

MCE SOCIAL CA				20-31540	
Part I General	Information on A	ctivities Out	side the United States. Comple	ete if the organization answered	"Yes" on
Form 990, I	Part IV, line 14b.				
1 For grantmakers.	Does the organization	n maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
the grantees' eligit	pility for the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers.	Describe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
United States.					
			an be duplicated if additional space is n		(n =
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	agents and	gram services, investments, grants to	describe specific type	for and
		contractors	recipients located in the region)	of service(s) in the region	investments in the region
		in the region			
SUB-SAHARAN AFRICA	-				
ANGOLA, BENIN,			LOANS TO FSP'S AND SGB'S		
BOTSWANA, BURKINA	0	0	LOANS TO FSP S AND SGB S LOCATED IN THE REGION		7 445 901
FASO, CENTRAL AMERICA ANI		0	LOCATED IN THE REGION		7,445,891.
THE CARIBBEAN -					
			LOANS TO MFI'S AND SGB'S		
ANTIGUA & BARBUDA,	0	0	LOCATED IN THE REGION		10,018,436.
ARUBA, BAHAMAS, EAST ASIA AND THE	0	0	LOCATED IN THE REGION		10,010,430.
PACIFIC - AUSTRALIA					
BRUNEI, BURMA,	· /		LOANS TO FSP'S AND SGB'S		
CAMBODIA,	0	0	LOCATED IN THE REGION		7,000,000.
RUSSIA AND	0	0	LOCATED IN THE REGION		7,000,000.
NEIGHBORING STATES	_				
ARMENIA, AZERBIJAN			LOANS TO FSP'S AND SGB'S		
BELARUS,	, 0	0	LOCATED IN THE REGION		7,988,190.
SOUTH AMERICA -	°				
ARGENTINA, BOLIVIA					
BRAZIL, CHILE,	,		LOANS TO FSP'S AND SGB'S		
COLUMBIA, ECUADOR,	0	0	LOCATED IN THE REGION		8,228,675.
EUROPE (INCLUDING					
ICELAND & GREENLANI) 1	7	PORTFOLIO HUB OFFICE		505,875.
EUROPE (INCLUDING					, ,
ICELAND & GREENLANI)			MCE SOCIAL CAPITAL	
- ALBANIA, ANDORRA				STICHTING - ACTIVITIES	
AUSTRIA, BELGIUM	1	0	PROGRAM SERVICES	TO REDUCE POVERTY	160,947.
					, ,
3 a Subtotal	2	7			41,348,014.
b Total from continua	ation				
sheets to Part I \dots	0	0			0.
c Totals (add lines 3					
and 3b)	2	7			41,348,014.

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

Schedule F (Form 990) 2022

232071 10-17-22

15561101 146892 810612

47 2022.05000 MCE SOCIAL CAPITAL

Statement (of Activities	Outside	the l	Jnited	States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

20-3154063

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE F (Form 990)

Schedule	F (Form 990) 2022	MCE	SOCIAL	CAPITAL	20-3154063
Part II	Grants and Other As	sistance to	Organizations	or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who receive	d more than S	\$5,000. Part II	can be duplicated if additional space is	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organizatior	ns listed above that are re	ecognized as charities by the f	oreign country, i	ecognized as a tax			<u> </u>
exempt 501(c)(3) orga	nization by the IRS, c	or for which the grantee o	or counsel has provided a sect					
3 Enter total number of	other organizations o	r entities				>	Sched	ule F (Form 990) 2022

48

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Page 3

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Schedule F (Form 990) 2022

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 MCE SOCIAL CAPITAL

Part V Supplemental Information

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

PART I, LINE 3, COLUMN F:

METHOD USED TO REPORT TOTAL EXPENDITURES IS THE ACCRUAL METHOD OF

ACCOUNTING.

SCHEDULE F, PART IV LINE 1:

FORM 926 IS NOT REQUIRED TO BE FILED BECAUSE THE TRANSFER TO A FOREIGN

CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN THE IRC SEC

6038B(A)(1)(A).

Schedule F (Form 990) 2022

232075 10-17-22

15561101 146892 810612

SC	HEDULE J	Compens	sation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	-	ors, Trustees, Key Employees, and Highest		20	20	
			pensated Employees answered "Yes" on Form 990, Part IV, line 23.		20	22	-
Depa	tment of the Treasury		tach to Form 990.		Open to		ic
Intern	al Revenue Service		for instructions and the latest information.		Inspe		
Nam	e of the organization			Employer id			mber
		MCE SOCIAL CAPITAL	1	20-3	15406	3	
Ра	rt I Question	s Regarding Compensation					
						Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any rele					
	First-class or c		Housing allowance or residence for perso				
	Travel for com		Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
		pending account	Personal services (such as maid, chauffe	ir, chet)			
L	If any of the bayes	on line to are checked did the argeniation	follow a written policy regarding neumant an				
b	•	·	follow a written policy regarding payment or		416		
2			ove? If "No," complete Part III to explain		1b		
2			or allowing expenses incurred by all directors,		2		
	trustees, and onice	s, including the CEO/Executive Director, re	garding the items checked on line 1a?		2		
3	Indicate which if ar	w of the following the organization used to	establish the compensation of the organization's				
U			y boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but exp	, , , ,	51110			
	X Compensation		Written employment contract				
		ompensation consultant	X Compensation survey or study				
		ther organizations	X Approval by the board or compensation c	ommittee			
				Ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Se	ection A. line 1a. with respect to the filing				
•	organization or a re						
а	-	e payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonqual					X
		eive payment from an equity-based comper	-				X
-		es 4a-c, list the persons and provide the ap	•				
	,						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatior	is must complete lines 5-9.				
5			the organization pay or accrue any compensatio	n			
	contingent on the re						
а	The organization?				. 5a		X
b	Any related organiz	ation?			5b		X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, dic	the organization pay or accrue any compensatio	'n			
	contingent on the n	et earnings of:					
а	The organization?				. 6a		X
b	Any related organiz	ation?			6b		X
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, dic	the organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III \dots			7	Х	
8			rued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4	958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	e presumption procedure described in				
	Regulations section	53.4958-6(c)?					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.	Sched	ule J (Forn	n 990)	2022

15561101 146892 810612

20-3154063

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.

) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	C	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CAMILLA NESTOR	i)	220,980.	23,750.	0.	7,463.	11,891.	264,084.	0.
CEO (i	i)	0.	0.	0.	0.	0.	0.	0.
(2) CATHERINE COVINGTON	i)	145,007.	7,500.	0.	4,751.	16,805.	174,063.	0.
MAN DIR & CHIEF BUS DEV OFFICER (i	i)	0.	0.	0.	0.	0.	0.	0.
(3) GENEVIEVE R LLAMZON	i)	157,213.	2,500.	0.	4,383.	8,790.	172,886.	0.
	i)	0.	0.	0.	0.	0.	0.	0.
(i)							
(i	i)							
	i)							
(i	i)							
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(i	i)							

Schedule J (Form 990) 2022

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 7:

THE ORGANIZATION PAYS BONUSES TO SPECIFIC INDIVIDUALS FOR MEETING COMPANY

GOALS. BONUSES ARE APPROVED BY THE BOARD OF DIRECTORS.

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ

OMB	No.	1545-0047

ZUZZ	
Open To Public	

2022

Department of the Treasury Internal Revenue Service		Go to ww								Inspection				
Name of the organization Employer									loyer	identi	identification number			
	MCE	SOCIA	L CAPITA	L				20-	-31	540	63			
Description of the organization Employer identification Inspect Name of the organization Employer identification 20 - 3154063 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$														
1,		(b) F	Relationship bet	ween d	isqual	ified ,					(d)	Correc	cted?	
(a) Name of disqualined person person and organization (c) Description of transaction										Ye	s	No		
											_			
											_			
	f tax incurred	d by the o	rganization man	nagers o	or disq	ualified persons duri	ng the year under		•					
3 Enter the amount o	f tax, if any, o	on line 2, a	above, reimburs	sed by t	the org	janization			. \$.					
Part II Loans to	and/or F	rom Int	erested Pers	sons.										
	f the organiza	ation ansv	vered "Yes" on	Form 9	90-F7	Part V line 38a or F	orm 990 Part IV line	26 [.] or	r if the	orda	nizatio	n		
	-							, 20, 01	in the	, or gai	ILatio			
			í í í	(d) Loa	an to or	(e) Original	(f) Balance due	(g)	In	(h) App	proved	(i) W	ritten	
interested person			of loan				()			comm	ittee?	agreer	ment?	
				То	From			Yes	No	Yes	No	Yes	No	
BLINK #N-01.	01935%	CONT	PROVIDE	X		250,000.			Х	Х		Х		
				X								Х		
				_		23,750.						Х		
				_								Х		
												Х		
	B-035%		PROVIDE	X		3,000,000.			Х	Х		Х		
	B-035%		PROVIDE	X		1,600,000.			Х	Х		Х		
	N-035%		PROVIDE	X		250,000.	62,500.		Х	Х		Х		
	<u>N-0358</u>		PROVIDE	X		250,000.	256,932.		Х	Х		Х		
BLINK C.V. #	N-0 35%	CONT	PROVIDE	X		125,000.	129,190.		Х	x		X		
Total						\$	19772863.					_		

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

15561101 146892 810612

Schedule L (Form 990) 202

MCE SOCIAL CAPITAL

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (c) Amount of (a) Name of interested person (d) Description of organization's person and the organization transaction transaction revenues? Yes No Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: BLINK #N-01.019 GNA (B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT DIRECTOR (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS (A) NAME OF PERSON: BLINK #N-01.022 VA (B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT DIRECTOR (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS (A) NAME OF PERSON: BLINK #N-01.023 VA (B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT DIRECTOR (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS (A) NAME OF PERSON: BLINK #N-01.024 VA (B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT DIRECTOR - LAURA DEVERE (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS Schedule L (Form 990) 2022

232132 11-01-22

MCE SOCIAL CAPITAL

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: BLINK #N-01.025 VA

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR - LAURA DEVERE

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BLINK C.V. B-08.003

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BLINK C.V. #B-08.007

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BLINK C.V. #N-01.003 COMACO

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BLINK C.V. #N-01.008 PO

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

232461 04-01-22

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BLINK C.V. #N-01.009 VA

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

57

Schedule L (Form 990)

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BRAKEMAN FAMILY TRUST - N-01.026 GNA

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 0. (F) BALANCE DUE \$ 450,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: DF IMPACT CAPITAL #A-08.021

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (F) BALANCE DUE \$ 100,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: DF IMPACT CAPITAL #X-01.04

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

232461 04-01-22

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (F) BALANCE DUE \$ 100,000.

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Schedule L (Form 990)

MCE SOCIAL CAPITAL

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

- (I) WRITTEN AGREEMENT? = YES
- (A) NAME OF PERSON: ERIC MCCALLUM #A-08.029
- (B) RELATIONSHIP WITH ORGANIZATION: CURRENT DIRECTOR
- (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS
- (D) LOAN TO OR FROM ORGANIZATION? = TO
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 200,000. (F) BALANCE DUE \$ 200,000.
- (G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: GARY FORD #P-10.074

- (B) RELATIONSHIP WITH ORGANIZATION: CURRENT DIRECTOR
- (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS
- (D) LOAN TO OR FROM ORGANIZATION? = TO
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 250,000. (F) BALANCE DUE \$ 250,000.
- (G) LOAN IN DEFAULT? = NO
- (H) APPROVED BY BOARD OR COMMITTEE? = YES
- (I) WRITTEN AGREEMENT? = YES
- (A) NAME OF PERSON: ISENBERG FAMILY #X-01.02

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 5,000,000. (F) BALANCE DUE \$ 5,000,000.

(G) LOAN IN DEFAULT? = NO

232461 04-01-22

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF INTERESTED PERSON:

JEANETTE G. LEWIS TRUST JONATHAN C. LEWIS & - B-10.4 SGB

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY OF FOUNDER

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: JOHNATHAN C. LEWIS AND JEANETTE C. LEWIS TRUST

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY OF FOUNDER

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,000,000. (F) BALANCE DUE \$ 1,000,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: KUO SHARPER FOUNDATI - N-01.027 GNA

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

60

DIRECTOR

232461 04-01-22

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 0. (F) BALANCE DUE \$ 150,000.

Schedule L (Form 990)

MCE SOCIAL CAPITAL

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(G) LOAN IN DEFAULT? = NO

Part V Supplemental Information

(H) APPROVED BY BOARD OR COMMITTEE? = YES

- (I) WRITTEN AGREEMENT? = YES
- (A) NAME OF PERSON: MGR TRUST #A-08.025

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

- (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS
- (D) LOAN TO OR FROM ORGANIZATION? = TO
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: SCOTT CSATTERWHITE #A-08.026

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

- (E) ORIGINAL PRINCIPAL AMOUNT \$ 1,000,000. (F) BALANCE DUE \$ 1,000,000.
- (G) LOAN IN DEFAULT? = NO
- (H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: SWIFT FOUNDATION #C-08.001

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 400,000. (F) BALANCE DUE \$ 400,000.

61

(G) LOAN IN DEFAULT? = NO

232461 04-01-22

Schedule L (Form 990)

MCE SOCIAL CAPITAL

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: THE LIBRA FOUNDATION #N-01.005 COMACO

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 250,000. (F) BALANCE DUE \$ 62,500.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: THE LIBRA FOUNDATION #X-01.01

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,000,000. (F) BALANCE DUE \$ 2,000,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: UMSIZI FUND - A-08.033

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A

SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

62

(G) LOAN IN DEFAULT? = NO

232461 04-01-22

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: UMSIZI FUND #B-08.009

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A

SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BLINK C.V. #B-08.007-2

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 400,000. (F) BALANCE DUE \$ 400,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: UMSIZI FUND - X-01.07

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A

SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

232461 04-01-22

Schedule L (Form 990)

232461 04-01-22

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(B) RELATIONSHIP WITH ORGANIZATION: CURRENT DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 250,000. (F) BALANCE DUE \$ 250,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = NO

(I) WRITTEN AGREEMENT? = NO

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

(G) LOAN IN DEFAULT? = NO

Part V Supplemental Information

Schedule L (Form 990)

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: ALAN HOOPS #A-08.024

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

MCE SOCIAL CAPITAL

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A)	NAME	OF	PERSON:	1999	KAREN	KEATING	#A-08.017

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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



Employer identification number 20 - 3154063

MCE SOCIAL CAPITAL

FORM 990, PART VI, SECTION A, LINE 2:

JAY DUNN (DIRECTOR) HAS A BUSINESS RELATIONSHIP WITH JIM CHU (DIRECTOR) AND

JIM DAVIDSON (DIRECTOR).

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

DRAFT OF THE FORM 990 IS PRESENTED TO MANAGEMENT FOR REVIEW. ONCE THE FORM 990 IS SUBMITTED TO THE MANAGEMENT HAS MADE ANY NECESSARY CHANGES, AUDIT COMMITTEE FOR APPROVAL. THE AUDIT COMMITTEE IS COMPRISED OF THREE MEMBERS OF THE BOARD OF DIRECTORS. IT IS ELECTED BY THE BOARD TO ASSIST THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES BY REVIEWING: THE FINANCIAL REPORTS AND OTHER FINANCIAL INFORMATION PROVIDED BY THE ORGANIZATION TO ANY GOVERNMENTAL BODY OR THE PUBLIC; THE ORGANIZATION'S SYSTEMS OF INTERNAL CONTROLS REGARDING FINANCE, ACCOUNTING, AND LEGAL COMPLIANCE THAT MANAGEMENT AND THE BOARD HAVE ESTABLISHED; AND THE CORPORATION'S AUDITING, ACCOUNTING AND FINANCIAL REPORTING PROCESSES IN GENERAL. A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING ELECTRONICALLY.

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

MCE HAS A WRITTEN CONFLICT OF INTEREST POLICY, WHICH IS POSTED ON ITS WEBSITE. ACCORDING TO THE POLICY, ALL MEMBERS, OFFICERS, COMMITTEE MEMBERS (INCLUDING ADVISORY MEMBERS), EMPLOYEES AND OTHER PERSONS DESIGNATED BY THE MEMBERS AS SUBJECT TO THE POLICY ARE REQUIRED TO REVIEW AND SIGN MCE'S CONFLICT OF INTEREST POLICY EACH YEAR. BOARD MEMBERS AND STAFF MEMBERS ARE REQUIRED TO SIGN THE STATEMENT AT THE BEGINNING OF EACH FISCAL YEAR. IF A POTENTIAL CONFLICT OF INTEREST IS DISCOVERED, THE INDIVIDUAL WITH THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 22211 10-28-22

Name of the organization	Employer identification number
MCE SOCIAL CAPITAL	20-3154063
CONFLICT SHALL NOT PARTICIPATE OR BE PERMITTED TO HEAR THE	MEMBERS'
DISCUSSIONS OR VOTE. IN ADDITION, THE MEMBERS SHALL DECIDE	BY MAJORITY VOTE
WHETHER OR NOT AN ACTUAL CONFLICT EXISTS. IF THE MEMBERS F	IND THAT A
CONFLICT OF INTEREST DOES EXIST, A DISINTERESTED PERSON WI	LL BE APPOINTED
TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION. T	HE MEMBERS WILL
THEN DETERMINE A REASONABLE SOLUTION.	

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

THE SALARIES OF MCE'S OFFICERS ARE SET BY THE CEO BASED ON COMPARABLE

SALARIES, EMPLOYEE QUALIFICATIONS, THE REQUIREMENTS OF THE POSITION, AND

PROFESSIONAL JUDGMENT. IN 2020, THE BOARD OF DIRECTORS FORMED A

COMPENSATION COMMITTEE TO SET THE SALARY FOR THE CEO, AND WILL CONTINUE TO

MANAGE THE SALARY OF THE CEO GOING FORWARD. THE SALARIES OF THE OTHER

OFFICERS WILL CONTINUE TO BE SET BY THE CEO BASED ON THE SAME STANDARDS AS PREVIOUSLY USED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, KY, MA, MD, MN, NC, NH, NJ, NY, OH, PA, UT, VA, WA

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE.

PART XII, LINE 2C

NO CHANGE FROM PRIOR PERIOD.

232212 10-28-22

SCHEDULE F	R
(5	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

20-3154063

Department of the Treasury Internal Revenue Service

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

Name of the organization

MCE SOCIAL CAPITAL

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MCE EMPOWERING SUSTAINABLE AGRICULTURE FUND					
LLC - 88-3971937, 5758 GEARY BLVD STE 261,					
SAN FRANCISCO, CA 94121	LOCAL COMMUNITY INVESTING	CALIFORNIA	0.	0.	MCE SOCIAL CAPITAL

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
MCE SOCIAL CAPITAL STICHTING							
KEIZERSGRACHT 391 A 1016 EJ					MCE SOCIAL		
, AMSTERDAM, NETHERLANDS	REDUCE POVERTY	NETHERLANDS			CAPITAL	X	
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 MCE SOCIAL CAPITAL

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

										-	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	partn	^{il or} Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	-										
]										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) ction (b)(13) trolled tity?
		country)		or trusty		233613		No

Schedule R (Form 990) 2022 MCE SOCIAL CAPITAL

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	L
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	L
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	L
o	Sharing of paid employees with related organization(s)	10	X	L
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MCE SOCIAL CAPITAL STICHTING	с	65,880.	FMV
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2022 MCE SOCIAL CAPITAL

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

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

(a)	(b)	(c)	(d)	(0)	(f)	(g)	(h	۱	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	(U) Predominant income	(e) Are all partners s 501(c)(3 orgs.?	Sec. Share of	Share of) nor-	Code V-LIBI	(J) General (
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3	³⁾ total	end-of-year	Dispro tion allocati	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
or onary		country)	excluded from tax under	orgs.?		assets		ons?	of Schedule K-1	partner	
			360110113 3 12-3 14)	Yes N			Yes	No	(1011111003)	Yes No	
	•										
											+

Schedule R (Form 990) 2022

MCE SOCIAL CAPITAL

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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232165 09-14-22

Form 5471	Information Return of U.S. Persons With Respect to Certain Foreign Corporations							ОМ	OMB No. 1545-0123				
(Rev. December 2022)	Go to www.irs.gov/Form5471 for instructions and the latest in						st inforn						
Department of the Treasury Internal Revenue Service	rtment of the Treasury al Revenue Service section 898) (see instructions) beginning JAN 1 , 20												
Name of person filing this retu					- <u> </u>	A Identifying number							
MCE SOCIAL CA	PITAL					20-3154063							
Number, street, and room or suite n		r if mail is not	delivered to street addre	ss)	В	Category of filer		tructions. Chec	k applicable	box(es).):			
5758 GEARY BL	VD, 261					$1a \boxed{X} 1b \boxed{1c} 2 \boxed{3} 4 \boxed{X} 5a \boxed{5b} 5c $							
City or town, state, and ZIP co		1 0 1			C	C Enter the total percentage of the foreign corporation's voting stock							
	<u>, CR 941</u> JAN 1		,2022 , and en	Idina	DEC	you owned at the end of its annual accounting period 100.00 %							
D Check box if this is a final		foreign cor		g									
E Check if any excepted spec	cified foreign finand	cial assets a	are reported on this f	orm (se	see instru	ctions)							
F Check the box if this Form							0	<u></u>	<u></u>				
G If the box on line F is check				Informa	iation" (se	ee instructions)							
H Person(s) on whose behal			u						(4) Che	(4) Check applicable box(es)			
(1) Name			(2) Add	dress			(3) Ide	ntifying number	Shareholder	Officer	Director		
1													
Important: Fill in all ap	- lisshis lines and		All information	muet			inte mui	et ha atata di					
	erwise indicated.	a scriedule	s. All information	must	De IN EI	nglish. Ali amou	ints mu	st be stated if	1 U.S. 0011a	S			
1a Name and address of fore							b(1)	b(1) Employer identification number, if any					
MCE SOCIAL CAPITAL STICHTING KEIZERSGRACHT 391 A 1016 EJ							b(2)	b(2) Reference ID number (see instructions) MSCS3071					
AMSTERDAM NETHERLANDS							C	c Country under whose laws incorporated NETHERLANDS					
	al place of business	S	f Principal	g Pri	incipal bi	usiness activity		h Functional currency code					
incorporation AMSTE			business activity code number	R	REDUC	CE POVER	ΤY						
08/23/18NETHE			813000						US	D			
2 Provide the following infor		• ·	• •				h Ifal	IS income tax	raturn was f	ilad antar			
a Name, address, and identit GARY FORD	lying number of bra	anch onice	or agent (it any) in th		ieu State	5	b If a U.S. income tax return was filed, enter:				e tax naid		
5758 GEARY	BLVD, STE	E 261					(i) Taxable income or (loss) (after a						
SAN FRANCIS	CO CA 941	121											
c Name and address of foreign corporation's statutory or resident agent in country of incorporationd Name and address (imperson (or persons) w corporation, and the loce)							with cust	ody of the book	s and record	s of thé for	eign		
JOB DURA KEIZERSGRACHT 391 A 1016 EJ AMSTERDAM									:	STMT 1			
NETHERLANDS													
	k of the Forei	ign Corp	ooration		1								
							(1) Number of sl	nares issued	and outstar	nding		
(a) Description of each class of stock						(i) Beginning of annual (ii) End of accounting period accounting			(ii) End of a accounting				
COMMON								00	0		0		
										- 4- 4			
LHA For Paperwork Reduct	tion Act Notice, se	e instructio	NS.						Form	54/1 (Re	v. 12-2022)		

212301 01-04-23

MCE SOCIAL CAPITAL				20-	3154063
Form 5471 (Rev. 12-2022)					Page 2
Schedule B Shareholders of Foreig	gn Cor	poration			
Part I U.S. Shareholders of Foreigr	n Corp	oration (see instructions)	(c) Number of	(d) Number of	
(a) Name, address, and identifying number of shareholder	Note	cription of each class of stock held by shareholder. This description should match the corresponding escription entered in Schedule A, column (a).	shares held at beginning of annual accounting period	shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
MCE SOCIAL CAPITAL	COMM	ON	0	-	100.00%
5758 GEARY BLVD, STE 261 SAN FRANCISCO CA 94121 20-3154063					1 - - -
					- - -
					-
					-
Davit II Direct Charabeldors of Fore	ian C	moration			-
Part II Direct Shareholders of Fore	ign Co	see instructions)			
(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.		(b) Description of each class of stock held Note: This description should match the description entered in Schedule A, c	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
MCE SOCIAL CAPITAL 5758 GEARY BLVD, STE 261 SAN FRANCISCO CA 94121 20-3154063		COMMON		0	0
				Form 5471	(Rev. 12-2022)

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Form 5471 (Rev. 12-2022)

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

-	· · · · · · · · · · · · · · · · · · ·		Functional Currency	U.S. Dollars
	1a Gross receipts or sales	. 1a		
	b Returns and allowances			
	c Subtract line 1b from line 1a	. 1c		
	2 Cost of goods sold			
	3 Gross profit (subtract line 2 from line 1c)	3		
e	4 Dividends			
ncome	5 Interest			
<u></u>	6a Gross rents	6a		
	b Gross royalties and license fees			
	7 Net gain or (loss) on sale of capital assets	7		
	8a Foreign currency transaction gain or loss - unrealized			-1,237.
	b Foreign currency transaction gain or loss - realized			-1,222.
	9 Other income (attach statement) SEE STATEMENT 2	9		159,940.
	10 Total income (add lines 3 through 9)	10		157,481.
	11 Compensation not deducted elsewhere			
	12a Rents			
	b Royalties and license fees			
S	13 Interest			
ţi	14 Depreciation not deducted elsewhere			
Deductions	15 Depletion			
De	16 Taxes (exclude income tax expense (benefit))			
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit)) SEE STATEMENT 3	17		160,946.
	18 Total deductions (add lines 11 through 17)			160,946.
	19 Net income or (loss) before unusual or infrequently occurring items, and			•
ē	income tax expense (benefit) (subtract line 18 from line 10)	19		-3,465.
Net Income	20 Unusual or infrequently occurring items			•
Ĕ	21a Income tax expense (benefit) - current			
Net	b Income tax expense (benefit) - deferred			
_	22 Current year net income or (loss) per books (combine lines 19 through 21b)			-3,465.
	23a Foreign currency translation adjustments			•
sive	b Other			
Comprehensive Income	c Income tax expense (benefit) related to other comprehensive income	23c		
mpre	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
õ	line 23c)	24		

Form 5471 (Rev. 12-2022)

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MCE SOCIAL CAPITAL

Form 5471 (Rev. 12-2022)

Schedule F | Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period	
1	Cash	1	35,293.	20,15	
2a	Trade notes and accounts receivable	2a		87,69	0.
b	Less allowance for bad debts	2b	()	(
3	Derivatives	3			
4	Inventories	4			
5	Other current assets (attach statement)	5			
6	Loans to shareholders and other related persons	6			
7	Investment in subsidiaries (attach statement)	7			
8	Other investments (attach statement)	8			
9a	Buildings and other depreciable assets	9a			
b	Less accumulated depreciation	9b	()	_(
0a	Depletable assets	10a			
b	Less accumulated depletion	10b	()	(
1	Land (net of any amortization)	11			
2	Intangible assets:				
a	Goodwill	12a			
b	Organization costs	12b			
C	Patents, trademarks, and other intangible assets	12c			
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	()	(
3	Other assets (attach statement)	13	25 002	100.04	
4	Total assets Liabilities and Shareholders' Equity	14	35,293.	107,84	:3,
					_
5	Accounts payable	15	11 (75	07.00	
6	Other current liabilities (attach statement) SEE STATEMENT 4	16	11,675.	87,69	0
7	Derivatives	17			
8	Loans from shareholders and other related persons	18			
9	Other liabilities (attach statement)	19			_
0	Capital stock:				
a	Preferred stock	20a			
b	Common stock	20b			
1	Paid-in or capital surplus (attach reconciliation)	21	22 610	20 15	
2	Retained earnings	22	23,618.	20,15	12.
3	Less cost of treasury stock	23	35,293.	107,84	2
4 201	Total liabilities and shareholders' equity	24	55,295.	107,04	
SCI				Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, i	in anv fo	reian	105	
'	partnership?	-	•		Х
	If "Yes," see the instructions for required statement.				
2					Х
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as	senarate	e from		
0	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation				
					Х
	branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions				
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to	,	ian		
τa	corporation or did the filer have a base erosion tax benefit under section $59A(c)(2)$ with respect to		•		
	payment made or accrued to the foreign corporation (see instructions)?				Х
	If "Yes," complete lines 4b and 4c.				
Ь			¢		
5					
с 5а	Enter the total amount of the base erosion tax benefit During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the				
Jd					х
	allowed under section 267A?	•••••			Δ
F	If "Yes," complete line 5b.		¢		
U	Enter the total amount of the disallowed deductions (see instructions)		Ф	orm 5471 (Rev. 12-2	

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FORM 5471 LOCATION OF BOOKS AND RECORDS, IF DIFFERENT STATEMENT 1

5758 GEARY BLVD, STE 261 SAN FRANCISCO CA 94121

FORM 5471 STATEMENT 2 OTHER INCOME FUNCTIONAL EXCHANGE DESCRIPTION U.S. DOLLAR CURRENCY RATE 159,940. CONTRIBUTIONS TOTAL TO 5471, SCHEDULE C, LINE 9 159,940. FORM 5471 OTHER DEDUCTIONS STATEMENT 3 FUNCTIONAL EXCHANGE U.S. DOLLAR DESCRIPTION CURRENCY RATE CONTRIBUTION EXPENSES 153,570. LEGAL FEES 6,369. BANK FEES 370. OFFICE EXPENSE 637. TOTAL TO 5471, SCHEDULE C, LINE 17 160,946.

FORM 5471	OTHER CURRENT	LIABILITIES	STATEMENT 4
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
CONTRIBUTIONS PAYABLE		11,675.	87,690.
TOTAL TO 5471, PAGE 4, SCH	HEDULE F, LINE	16 11,675.	87,690.

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501	nedule G Other Information (continued)	Yes	No
6a	Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any		
	transactions with the foreign corporation?		X
	If "Yes," complete lines 6b, 6c, and 6d. See instructions.		
b	Enter the amount of gross reciepts derived from all sales of general property to the foreign corporation that the		
	filer included in its computation of foreign-derived deduction eligible income (FDDEI)	\$	
C	Enter the amount of gross receipts derived from all sales of intangible property to the foreign corporation that the filer incl	uded	
	in its computation of FDDEI	\$	
d	Enter the amount of gross receipts derived from all services provided to the foreign corporation that the filer included in		
	its computation of FDDEI		
7	During the tax year, was the foreign corporation a participant in any cost-sharing arrangement?		X
	If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in		
	which the foreign corporation was a participant during the tax year.		
8	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		X
9a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		
	transferor is required to report a section 367(d) annual income inclusion for the tax year?		X
	If "Yes," go to line 9b.		
D	Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)		
•	(2)(B) for the tax year During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
0			x
	1.7874-12(a)(9)?		
1	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
			x
	section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
2	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
-	section 901(m)?		X
3	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
-	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
4	Did you answer "Yes" to any of the questions in the instructions for line 14?		X
	If "Yes," enter the corresponding code(s) from the instructions and attach statement		
5	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		X
	If "Yes," enter the amount		
6	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward		
	to the current tax year (see instructions)?		X
	If "Yes," enter the amount		
7a	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year		
	(see instructions)?		X
b	If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated		
	as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
8	Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of		
	Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of		
	interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the		
_	relevant term)?		
9a	Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section		
	1.385-3) during the period including the tax year and the preceding 3 tax years, or, during the period beginning		
	36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the		
	reporting corporation issue or refinance indebtedness owed to a related party?		X
D	If the answer to question 19a is "Yes," provide the following.	¢	
	 (1) The amount of such distribution(s) and acquisition(s) (2) The amount of such soluted parts indebtedpage 		
	(2) The amount of such related party indebtedness	ΦΦ	

Form 5471 (Rev. 12-2022)

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Schedule I Summary of Shareholder's Income From Foreign Corporation

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name o	f U.S. shareholder Identifying number							
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation							
	(see instructions)	1a						
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	1b						
C	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception							
	under section 954(c)(6)	1c						
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception							
	under section 954(c)(6)	1d						
e	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)							
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f						
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g						
h	Other subpart F income (enter result from Worksheet A)	1h						
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2						
3	Reserved for future use							
4	Factoring income4							
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.							
5 a	a Section 245A eligible dividends (see instructions) 5a							
b								
C								
d	Section 245A(e) dividends (see instructions)	5d						
е	Dividends not reported on line 5a, 5b, 5c, or 5d	5e						
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits							
				Yes	No			
7 a	Was any income of the foreign corporation blocked?				X			
b	Did any such income become unblocked during the tax year (see section 964(b))?							
If the ar	iswer to either question is "Yes," attach an explanation.							
8 a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at							
	any time during the tax year (see instructions)?				X			
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year							
	\$ and at the end of the tax year \$ Provide an attachment detailing any change	ges from	the					
	beginning to the ending balances.							
C	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year							
	\$ and at the end of the tax year \$ Provide an attachment detailing any change	ges from	the					
	beginning to the ending balances.							
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions)							
		Form	5471 (Rev. 12	-2022)			

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Page **6**

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SCHE (Form	DULE E 5471)																	
	ember 2021) ent of the Treasury levenue Service				► Go to www.i		Attac				ne late	st informa	tion.				OMB	No. 1545-0123
-	person filing Form 5471														Identi	ifying n	umber	
MCE	SOCIAL CAPI	TAL													20	-31	5406	53
Name of	foreign corporation											EIN (if any)		Refer	ence ID) numb	er (see instructions)
MCE	SOCIAL CAPI	TAL	STICH	TING											MSC	<u>\$30'</u>	71	
a Se	eparate Category (Ente	er code	- see instru	uctions.)											🕨		EN	
b lf	code 901j is entered o	n line a	, enter the	country coo	de for the sanction	ned country	(see inst	ructior	ns)						🕨	▶ <u>N</u>	L	
	one of the RBT codes i						ountry (s	ee inst	truc	ctions)						•		
Part			-		dit Is Allowed													
Section	n 1 - Taxes Paid or	Accru	ed Direc	tly by Fore	eign Corporatio						(-1)			(-)				(0)
	(a) Name of Payor Entity				(b) EIN or Ref ID Numb	erence per of	(C) Unsusper Taxe:	ended	" (Enter code	e - see ir	Possession Is Paid Istructions.	Entity	(e) gn Tax Year of F to Which Tax R	elates		o Whic	(f) ear of Payor Entity th Tax Relates	
						Payor E	intity			Use a sepa	arate lin	e for each.)	(rear/Month/Day)		(Year/	(Month/Day)
 2									<u> </u>									
3									+									
4									╡									
	(g)			(h)	(i)			(j				(k)		(1)				(m)
	Income Subject to T in the Foreign Jurisdie (see instructions)	ction	U.S. sour	are paid on ce income, ck box	Local Curr Which Tax Is (enter code - see	Payable	ayable (in local currency in which U.S. Dollars				Oollars	In Functional Currency						
1																		
_2																		
3																		
4																		
	Total (combine lines 1												🕨					
	Total (combine lines 1									<u></u>					🕨	•		
Section	n 2 - Taxes Deemeo	d Paid	by Forei	gn Corpoi	ation	(1-)						(-)			· · · ·			(2)
	Name of Lowe	er-Tier D	(a) Distributing	Foreign Co	rporation	(b) EIN or Refer Number of Lo Distributing Corpora	ence ID wer-Tier Foreign		(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)					(d) P Grou er code		(e) Annual PTEP Account (enter year)		
1																		
2																		
3																		
4																		
							to PTEP Group (USD)			and not	(i) come Taxes Properly Attributable to PTEP and not Previously Deemed Paid mn (f)/column (g)) x column (h)) (USD)		emed Paid					
1																		
_2																		
3																		
4																		
5 To	otal (combine lines 1 th	rough 4	4 of colum	n (i)). Also re	port amount on S	Schedule E-1	, line 6											

Schedule E (Form 5471) (Rev. 12-2021)		Page 2
Name of foreign corporation	Reference ID number (see instructions)	
MCE SOCIAL CAPITAL STICHTING		MSCS3071
a Separate Category (Enter code - see instructions.)		GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		> <u>NL</u>
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)		►
Dout II Election		

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Part I		n Tax Credit Is D	► isallowed (Er	iter in functional	currency of for	eign corporatic	on.)		
	(a) Name of Payor Entity	(b) EIN or Reference ID No. of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 a	and 2)						▶	
4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))									
Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation									
Taxes related to:									

	RTANT: Enter amounts in U.S. dollars.	(a) Subpart F Income	(c) Residual Income	(d) Suspended Taxes						
1a	Balance at beginning of year (as reported in prior year Schedule E-1)									
b	Beginning balance adjustments (attach statement)									
C	Adjusted beginning balance (combine lines 1a and 1b)									
2	Adjustment for foreign tax redetermination									
3a	Taxes unsuspended under anti-splitter rules									
b	Taxes suspended under anti-splitter rules									
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (I)									
5	Taxes carried over in nonrecognition transactions									
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)									
7	Other adjustments (attach statement)									
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines									
	1c through 7)									
9	Taxes deemed paid with respect to inclusions (see instructions)									
10	Taxes deemed paid with respect to actual distributions									
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P									
12	Other (attach statement)									
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))									
14	Reserved for future use									
15	Reduction for other taxes not deemed paid									
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b),									
	and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of									
	columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to									
	zero. For the remaining columns, combine lines 8 through 12									
212446 04	L-01-22			Schodulo E (E	orm 5471) (Rev. 12-2021)					

Schedul	e E (Form 5471) (Rev.	12-2021)							-	Page 3		
Name of	foreign corporation						EIN (if any)		Reference ID number (see instructions)			
MCE	SOCIAL CA	PITAL STICH	TING						MSCS3071			
а	Separate Category	(Enter code - see ins	tructions.)						GEN			
b	If code 901j is ente	ered on line a, enter th	ne country code for th	ne sanctioned count	ry (see instructions)				► <u>NL</u>			
	If one of the RBT of	odes is entered on lir	ne a, enter the countr	y code for the treaty	country (see instruc	tions)			🕨			
Sche	edule E-1 Ta	axes Paid, Accru	ed, or Deemed	Paid on Accum	ulated Earnings	and Profits (E&P) of Foreig	n Corporation	(continued)			
	(e) Taxes related to previously taxed E&P (see instructions)											
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP		
<u>1a</u>												
b												
C												
_2												
<u>3a</u>												
b												
5												
<u>6</u> 7												
8												
9												
10												
11												
12												
13												
14												
15												
16												

212447 04-01-22

Schedule E (Form 5471) (Rev. 12-2021)

SCHEDULE H (Form 5471) (Rev. December 2021)

Current Earnings and Profits

OMB No. 1545-0123

Attach to Form 5471.

Department of the Treasury Internal Revenue Service				
Name of person filing For MCE SOCIAL C			Identifying n 20	umber -3154063
Name of foreign corpora	tion APITAL STICHTING	EIN (if any)	Reference II MSCS30	D number (see instr.) 71

IMPORTANT: Enter the amounts on lines 1 through 5c in functional currency.

1	Current year net income or (loss) per foreign books of account				1	-3,465.
2	Net adjustments made to line 1 to determine current					
	earnings and profits according to U.S. financial and tax					
	accounting standards (see instructions):		Net Additions	Net Subtractions		
а	Capital gains or losses	2a				
b	Depreciation and amortization	2b				
с	Depletion	2c				
d	Investment or incentive allowance	2d				
е	Charges to statutory reserves	2e				
f	Inventory adjustments	2f				
g	Income taxes (see Schedule E, Part I, Section 1, line 6,					
	column (m), and Part III, line 3, column (i))	2g				
h	Foreign currency gains or losses	2h				
i	Other (attach statement)	2 i				
3	Total net additions	3				
4	Total net subtractions	4				
5a	Current earnings and profits (line 1 plus line 3 minus line 4)				5a	-3,465.
b	DASTM gain or (loss) for foreign corporations that use DASTM (s				5b	
с	Combine lines 5a and 5b and enter the result on line 5c. Then en	iter on	lines 5c(i), 5c(ii), and	5c(iii)(A)		
	through 5c(iii)(D) the portion of the line 5c amount with respect to	o the ca	ategories of income s	hown		
	on those lines				5c	-3,465.
	(i) General category (enter amount on applicable Schedule J, Pa					
	line 3, column (a))		5c(i)	-3,465.		
	(ii) Passive category (enter amount on applicable Schedule J, Pa	art I,				
	line 3, column (a))					
	(iii) Section 901(j) category:					
	(A) Enter the country code of the sanctioned country \blacktriangleright _					
	and enter the line 5c amount with respect to the sanction	ned				
	country on this line 5c(iii)(A) and on the applicable Sched	lule J,				
	Part I, line 3, column (a))		
	(B) Enter the country code of the sanctioned country \blacktriangleright _					
	and enter the line 5c amount with respect to the sanction	ned				
	country on this line 5c(iii)(B) and on the applicable Schec	dule J,				
	Part I, line 3, column (a)			3)	_	
	(C) Enter the country code of the sanctioned country \blacktriangleright _					
	and enter the line 5c amount with respect to the sanction	ned				
	country on this line 5c(iii)(C) and on the applicable Scheo	dule J,				
	Part I, line 3, column (a)			;)		
	(D) Enter the country code of the sanctioned country \blacktriangleright _					
	and enter the line 5c amount with respect to the sanction	ned				
	country on this line 5c(iii)(D) and on the applicable Scheo	dule J,				
	Part I, line 3, column (a)					
d	Current earnings and profits in U.S. dollars (line 5c translated at t	the ave	rage exchange rate,	as		
	defined in section 989(b)(3) and the related regulations (see instru	uctions))		5d	
е	Enter exchange rate used for line 5d		►			
	or Dependent Deduction Act Nation and instructions			<u> </u>		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

	EDULE I-1 n 5471)	Information for C	àlob	al Int	angib	le L	ow-Taxed	Income	OMB No. 1545-0123
(Rev. De	ecember 2021)		•			474			
	ent of the Treasury Revenue Service	► Go to www.irs.gov		Attach t 5471 for i			the latest informati	ion.	
-	f person filing Form	-						Identifying numbe	r
MCE	SOCIAL C	APITAL						20-315406	
	f foreign corporation				EIN (if any	/)			ber (see instructions)
MCE	SOCIAL C	APITAL STICHTING						MSCS3071	
		ory (Enter code - see instructions)							GEN
							Functional Currency	Conversion Rate	U.S. Dollars
1	receipts)	see instructions if cost of goods so				1	-3,465.		
2	Exclusions (see	instructions if cost of goods sold e	exceed	gross rec	eipts)				
а	Effectively conn	ected income	2a			-			
b	Subpart F incon	ne	2b						
с	High-tax except	ion income per section 954(b)(4)	2c						
d	Related party di	vidends	2d						
е	Foreign oil and g	gas extraction income	2e						
3	Total exclusions	(combine lines 2a through 2e)				3			
4	Gross income le	ess total exclusions (line 1 minus lir	ne 3) (s	ee instruc	tions)	4	-3,465.		
5	Deductions prop	perly allocable to amount on line 4				5			
6	Tested income ((loss) (line 4 minus line 5)				6	-3,465.	1.000000	-3,465.
7	Tested foreign i					7		1.000000	
8	Qualified busine	ess asset investment (QBAI)				8		1.000000	
9a		e included on line 5							
b	Qualified interes	st expense	9b						
с	Tested loss QBA		-						
d	Tested interest	expense (line 9a minus the sum of	line 9b	and line					
		ss, enter -0-				9d		1.000000	
10a		included in line 4							
b		t income							
с		income (line 10a minus line 10b). If		r less,					
		······			<u></u> .	10c		1.000000	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

(For	IEDULE J m 5471)	Accumulated Earn	ings & Profit	ts (E&P) of C	ontro	olled Fo	reign Co	rpo	ration	01	AD No. 1545 0100
•	ecember 2020)		►	Attach to Form 5471						ON	/IB No. 1545-0123
	nent of the Treasury Revenue Service	► Go t	o www.irs.gov/Form	5471 for instructions a	and the	atest informa	ition.				
Name o	f person filing Form 5471									Identify	ing number
-	SOCIAL CAPI	TAL								20-	3154063
	f foreign corporation					EIN (if any)			nce ID number		
MCE	SOCIAL CAPI	TAL STICHTING						MS	CS3071		
										GEN	[
		line a, enter the country code for the s		e instructions)					🕨	NL	
Par		E&P of Controlled Foreign Co									
	Check the box if person	filing return does not have all U.S. sha			t in colu						
Impo	rtant: Enter amounts in fu	unctional currency.	(a) Post-2017 E&P Not	(b) Post-1986	Dro.10	(c) 87 E&P Not	(d) Hovering Def	ioit	(e) Previously	Taxed	E&P (see instructions)
			Previously Taxed (post-2017 section 959(c)(3) balance)	Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	Previo (pre-1	987 Ear Not ously Taxed 987 section (3) balance)	and Deduction for Suspendor Taxes	on	(i) Reclass section 965(a		(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of	f year (as reported on prior									
			23,618.								
b	Beginning balance adju	stments (attach statement)									
C	Adjusted beginning bala	ance (combine lines 1a and 1b)	23,618.								
2a		suspended under anti-splitter rules									
b	Disallowed deduction for	or taxes suspended under									
3		ficit in E&P) (enter amount									
		of Schedule H)									
4		ributions of previously taxed									
		eign corporation									
<u>5a</u>		recognition transaction									
b	1 1	o as hovering deficit after									
		tion									
6		ich statement)									
7		nulated E&P (combine lines	23,618.								
8	Amounts reclassified to	section 959(c)(2) E&P from									
	section 959(c)(3) E&P										
9	Actual distributions										
10	Amounts reclassified to	section 959(c)(1) E&P									
	1	&P									
11	Amounts included as ea	arnings invested in U.S. property									
		ion 959(c)(1) E&P (see instructions)									
12	Other adjustments (atta	ch statement)									
13	Hovering deficit offset of	of undistributed post-									
	transaction E&P (see in	-									
14	Balance at beginning of	f next year (combine lines 7 through 13)	23,618.								1

Schedule	J (Form 5471) (Rev. 12-2020)							Page 2
Part I	Accumulated E&P of Con	trolled						
			(e)	Previously Taxed	E&P (see instructions)			
	(iii) General section 959(c)(1) PTEP	(iv) Re	eclassified section 951A PTEP	(v) Reclassified s	section 245A(d) PTEP	(vi) Section 965(a)	PTEP	(vii) Section 965(b) PTEP
1a								
b								
C								
_2a								
b								
3								
4								
<u>5a</u>								
b								
6								
7								
<u>8</u> 9								
10								
11								
12								
13								
14								
		1	(e) Previously Taxed E&P (see instructions)				(f)
	(viii) Section 951A PTEP		(ix) Section 245A		(x) Section 9	51(a)(1)(A) PTEP	(0	(f) Total Section 964(a) E&P combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a								23,618.
b								
с								23,618.
2a								
b								
3								
4								
<u>5a</u>								
b								
6 7								23,618.
								23,018.
8 9								
10 11								
12								
13								
12 13 14								23,618.

Scheo Par	ule J (Form 5471) (Rev. 12-2020) III Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))			Page 3
Impor	tant: Enter amounts in functional currency.			
1	Balance at beginning of year	►	1	
2	Additions (amounts subject to future recapture)	►	2	
3	Subtractions (amounts recaptured in current year)	►	3	
_4	Balance at end of year (combine lines 1 through 3)	► Sch	4 edule	J (Form 5471) (Rev. 12-2020)

SCHEDULE M (Form 5471)

(Rev. December 2021) Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

OMB No. 1545-0123

.

Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Identifying number

MCE SOCIAL CAPITAL		20-3154063
Name of foreign corporation	EIN (if any)	Reference ID number
MCE SOCIAL CAPITAL STICHTING		MSCS3071

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Ente	r the relevant functional currency and the	exchange rate used throu	ughout this schedule 🕨	UNITED STAT.	ES,DOLLAR	.000000
	(a) Transactions of foreign corporation	(b) U.S. person filing this return	(C) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1	Sales of stock in trade (inventory)					
	Sales of tangible property other than					
	stock in trade					
	Sales of property rights (patents,					
4	trademarks, etc.) Platform contribution transaction payments received					
5	Cost sharing transaction payments received					
6	Compensation received for technical,					
	managerial, engineering, construction,					
	or like services					
	Commissions received					
, 0	Rents, royalties, and license fees received					
	Hybrid dividends received (see instr.)					
	Dividends received (exclude hybrid					
	dividends, deemed distributions under					
	subpart F, and distributions of					
	previously taxed income)					
	Interest received					
12	Premiums received for insurance or					
	reinsurance					
13	Loan guarantee fees received					
14	Other amounts received (att. statement)					
15	Add lines 1 through 14					
16	Purchases of stock in trade (inventory)					
17	Purchases of tangible property other					
	than stock in trade					
	Purchases of property rights					
	(patents, trademarks, etc.)					
	Platform contribution transaction					
	payments paid					
	Cost sharing transaction payments paid					
	Compensation paid for technical,					
	managerial, engineering, construction,					
	or like services					
	Commissions paid					
23	Rents, royalties, and license fees paid					
25	Hybrid dividends paid (see instructions) Dividends paid (exclude hybrid dividends paid)					
	Interest paid					
	Premiums paid for insurance or reinsurance					
	Loan guarantee fees paid					
	Other amounts paid (attach statement)					
	,					
	Add lines 16 through 29	 	 	1		
LHA	For Paperwork Reduction Act Notice,	, see the instructions foi	Form 54/1.		Schedule M (Fo	rm 5471) (Rev. 12-2021)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)					Page 2
Name of person filing Form 5471				ld	entifying number
MCE SOCIAL CAPITAL				20)-3154063
(a) Transactions of foreign corporation	(b) U.S. person filing this return	(C) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlle foreign corporation (other than the U.S. person filing this return	d shareholder of any corporation controlling the foreign
31 Accounts Payable					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
33 Accounts Receivable					
34 Amounts loaned (enter the maximum loan balance during the year) - see instru					

Schedule M (Form 5471) (Rev. 12-2021)

(Forr (Rev. I Depar	EDULE P n 5471) December 2020) tment of the Treasury		c	DMB No. 1545-0123		
Intern	al Revenue Service	Go to www.irs.gov/Form5471 for instructions and the latest i	nformation.	I.		-
	of person filing Form 5471 SOCIAL CAPI	ኮልፐ.			Identifying num $20-3154$	
-	of U.S. shareholder				Identifying nun	
MCE	SOCIAL CAPI	TAL		2	20-3154	063
	of foreign corporation		IN (if any)			umber (see instructions)
-		TAL STICHTING			<u>1SCS307</u>	
a b	Separate Category (Ente If code 901i is entered o	r code - see instructions.) n line a, enter the country code for the sanctioned country (see instructions)				N
Par	I Previously Tax	ed E&P in Functional Currency (see instructions)		<u></u>		
			(a) Reclassified section 965(a) PTEP	Reclassifi	(b) ied section)) PTEP	(c) General section 959(c)(1) PTEP
<u>1a</u>	Balance at beginning o	year (see instructions)				
b	Beginning balance adju	stments (attach statement)				
C	Adjusted beginning bal	ance (combine lines 1a and 1b)				
_2	Reduction for taxes uns	suspended under anti-splitter rules				
3	Previously taxed E&P a	ttributable to distributions of previously taxed E&P from lower-tier foreign corporation				
_4	Previously taxed E&P c	arried over in nonrecognition transaction				
_5	Other adjustments (atta	ch statement)				
6	Total previously taxed E	&P (combine lines 1c through 5)				
_7	Amounts reclassified to	section 959(c)(2) E&P from section 959(c)(3) E&P				
8	Actual distributions of p	vreviously taxed E&P				
_9	Amounts reclassified to	section 959(c)(1) E&P from section 959(c)(2) E&P				
_10	Amounts included as e	arnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)				
11	Other adjustments (atta	ich statement)				
12		next year (combine lines 6 through 11)				
LHA	For Paperwork Reduc	tion Act Notice, see instructions. 212365 04-01-22			Schedule P (F	Form 5471) (Rev. 12-2020)

			onal Currency (see			1	Т	
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
a								
b								
c								
2								
3								
4								
5								
3								
7								
в								
,								
,								
2								

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Part	II Previously Taxed E&P in U.S. Dollars			Page
		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Part	Part II Previously Taxed E&P in U.S. Dollars (continued)										
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total			
1 a											
b											
с											
2											
3											
4											
5 6											
7											
8											
9											
10											
11											
12											

Schedule P (Form 5471) (Rev. 12-2020)

Page 4

Schedule P (Form 5471) (Rev. 12-2020)

SCHEDULE Q (Form 5471) (Rev. December 2022) Department of the Treasury Internal Revenue Service			Come by CFC Attach to Forr ov/Form5471 for instruc	n 5471.			OMB No. 1545-0123
Name of person filing Form 5471						Identifying	g number
MCE SOCIAL CAPITAL						20-3	154063
Name of foreign corporation				E	EIN (if any)		ID number (see instructions)
MCE SOCIAL CAPITAL STICH	TING					MSCS3	071
Complete a separate Schedule Q with respect t		plicable category of inc	ome (see instructions).				-
A Enter separate category code with resp	•		()	ructions for codes)			GEN
B If category code "PAS" is entered on lin							
C If code "901j" is entered on line A, enter				11			
Complete a separate Schedule Q for U.S. source		•					
D Indicate whether this Schedule Q is being			U.S. source income or	Foreign sour	rce income		
Complete a separate Schedule Q for FOGEI or I							
E If this Schedule Q is being completed for	or FOGEI	or FORI income, check t	this box				
Enter amounts in functional currency of the	(i) Country	(ii) Gross Income	(iii) Definitely Related	(iv) Related Person	(v) Other Interest	(vi) Research & Experimer	(vii) ntal Other Expenses
foreign corporation (unless otherwise noted).	Code	Gross income	Expenses	Interest Expense	Expense	Expenses	(attach schedule)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties,							
& Annuities (Total)							
(1) Unit name:							
(2) Unit name:							
b Net Gain From Certain Property							
Transactions (Total)							
(1) Unit name:							
(2) Unit name:							
c Net Gain From Commodities							
Transactions (Total)							
(1) Unit name:							
(2) Unit name:							
d Net Foreign Currency Gain (Total)							
(1) Unit name:							
(2) Unit name:							
e Income Equivalent to Interest (Total)							
(1) Unit name:							
(2) Unit name:							
f Other							
(1) Unit name:							
(2) Unit name:							
ୟୁ g Foreign Base Company Sales Income (Total)							
income (Total)							
(1) Unit name:							
(2) Unit name: Important: See Computer-Generated So) in instructions					

Schedule Q (Form 5471) (Rev. 12-2022)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
<u>a</u>									
(1)							$\left \right $		
(2)									
_									
<u>b</u>									
(1)							$\left \right $		
(2)									
_									
<u> </u>									
<u>(1)</u> (2)									
(<u>2)</u> d									
 (1)									
(2)									
<u>(</u> 2)									
(1)									
(2)									
f									
(1)									
(2)									
g									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
h Foreign Base Company Services							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
I Bribes, Kickbacks, and Other							
Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		157,481.	160,946.				
(1) Unit name: <u>1</u>	NL	157,481.	160,946.	0.	0.	0.	0
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
5 Total		157,481.	160,946.				

Schedule Q (Form 5471) (Rev. 12-2022)

Page 3

Schedule Q (Form 5471) (Rev. 12-2022)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
(1)									
(2)									
k									
I									
m									
2									
3				-3,465.					
(1)	0.	0.	0.	-3,465.	0.		\downarrow		
(2)									
4									
(1)									
(2)				2 4 6 5			-		
5	ant: See Computer-(-3,465.					

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

SCHEDU	JLE I	R
(Form 54	ŀ71)	

(December 2020)

Distributions From a Foreign Corporation Attach to Form 5471.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form5471 for instructions and the latest information.

	f foreign corporation	EIN (if any)	Reference ID number	(see instructions)
MCE	SOCIAL CAPITAL STICHTING		MSCS3071	l
	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E& distribution in foreign corporation's functional current
1	I/A	12/31/2022	0.	C
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
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21				
22				
23				
24				

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

MCE SOCIAL CAPITAL 5758 GEARY BLVD, 261 SAN FRANCISCO, CA 94121

> FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500

MCE SOCIAL CAPITAL 5758 GEARY BLVD, 261 SAN FRANCISCO, CA 94121

> REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

MCE Social Capital 5758 Geary Blvd 261 San Francisco, CA 94121

Prepared By:

Moss Adams LLP 6565 Americas Parkway NE Ste 600 Albuquerque, NM 87110

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$ 0
Less: payments and credits	\$ 0
Plus: other amount	\$ 0
Plus: interest and penalties	\$ 0
No payment is required	\$

Overpayment:

Credited to your estimated tax	\$ 0
Other amount	\$ 0
Refunded to you	\$ 0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

MCE Social Capital 5758 Geary Blvd 261 San Francisco, CA 94121

Prepared By:

Moss Adams LLP 6565 Americas Parkway NE Ste 600 Albuquergue, NM 87110

Amount of Tax:

Balance due of \$400

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Return must be mailed on or before:

November 15, 2023

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Included after the Form RRF-1 and its statements is a copy of your federal information return filing with the Schedule B removed. The attachment of this return is required for a complete filing; include it with the signed Form RRF-1 when mailing to the California Attorney General's Registry of Charitable Trusts.

A completed and signed copy of the federal Form 990 (and all applicable attachments) must be included with Form RRF-1.

TAXABLE YEARCalifornia Exempt Organization2022Annual Information Return

	202	Annual Information Return					199	
Caler	ndar Yea	^r 2022 or fiscal year beginning (mm/dd/yyyy)	, and ending	(mm/dd/yy	уу)			
Corpo	oration/Org	anization name		Cal	ifornia corpo	oration number	r	
MC	E SO	CIAL CAPITAL			2757	202		
		nation. See instructions.		FE	EIN			
					20-3	154063	3	
		suite or room)			PMB no.			
	58 G	EARY BLVD, NO. 261		State	ZIP code			
City	N FR	ANCISCO		CA	9412	1		
	gn country		county	011		ostal code		
	First retu		•		•	•		
		I return ♦ Yes X No ion 4947(a)(1) trust Yes X No	not reported to the FTB					No
		ion 4947(a)(1) trust Yes X No , rmation return?	J If exempt under R&TC engaged in political acti			-		
			Is the organization exer					_
		(mm/dd/yyyy) •	If "Yes," enter the gross				es \$	
			Is the organization a lin				• Yes X	No
		eturn filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) Other 990 series	M Did the organization file				• Yes X	
	. ,		report taxable income? N Is the organization under	er audit hv t	he IRS or	has the		
		ganization in a group exemption Yes X No	IRS audited in a prior y				• Yes X	🗌 No
	lf "Yes," \	vhat is the parent's name?	D Is federal Form 1023/10					No No
			Date filed with IRS					
Pa	rtl (Complete Part I unless not required to file this form. See General Infor	mation B and C					
		1 Gross sales or receipts from other sources. From Side 2, Part II,			•	1	33,643,64	0 00
		2 Gross dues and assessments from members and affiliates			•	2		00
		3 Gross contributions, gifts, grants, and similar amounts received		STMT	1 •	3	5,988,71	2 00
Re	eceipts	4 Total gross receipts for filing requirement test. Add line 1 through					20 622 25	2
	and	This line must be completed. If the result is less than \$50,000,5 Cost of goods sold			• 00	4	39,632,35	<u></u> 2 00
Re	venues	 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 	• 6 28,	028,3				
		7 Total costs. Add line 5 and line 6		-			28,028,31	
							11,604,03	
Exp	penses	9 Total expenses and disbursements. From Side 2, Part II, line 18					<u>12,397,99</u> -793,95	
		10 Excess of receipts over expenses and disbursements. Subtract lin 11 Total payments		<u></u>		10 11	-793,95	7 <u>00</u> 00
		12 Use tax. See General Information K			•	12		00
		13 Payments balance. If line 11 is more than line 12, subtract line 12	2 from line 11		•	13		00
Fili	ng Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 fi	rom line 12		•	14		00
						15		00
		16 Balance due. Add line 12 and line 15. Then subtract line 11 from Under penalties of perjury, I declare that I have examined this return, including accon it is true, correct, and complete. Declaration of preparer (other than taxpayer) is base	npanying schedules and statem	ents, and to th	e best of my	y knowledge ar	nd belief,	00
Sign Here			Title	Date	Kilowiedge.		elephone	
		Signature of officer	CEO					
		Preparer's	Date	Check				
D+:4		Preparer's ► PAMELA ALEXANDERSON	11/01/2	3 self-er	mployed		1218925 rm's FEIN	
Paid Pren	arer's	Firm's name (or yours, MOSS ADAMS LLP					-0189318	
Use		employed) 6565 AMERICAS PARKWAY NE	STE 600				elephone	
	-	and address ALBUQUERQUE, NM 87110					5-878-720	0
		May the FTR discuss this return with the preparer shown above? See it	actructione		• X		N-	

022 3651224

MCE SOCIAL CAPITAL

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 01-10-23

			SEE PART	II SUBSTITU	TE ATTACHM	1ENT
	1 Gross sales or receipts from all	business activities. See instruc	ctions	•	1	00
	2 Interest			•	2	00
	3 Dividends			•	3	00
Receipts	4 Gross rents			•	4	00
from	5 Gross royalties			•	5	00
Other	6 Gross amount received from sa	le of assets (See instructions)		•	6	00
Sources	7 Other income			•	7	00
	8 Total gross sales or receipts fro		•		8	00
	9 Contributions, gifts, grants, and				9	00
	10 Disbursements to or for member	ers		•	10	00
	11 Compensation of officers, direc	tors, and trustees		•	11	0 00
	12 Other salaries and wages				12	00
Expenses	13 Interest				13	00
and	14 Taxes				14	00
Disburse-	15 Rents				15	00
ments	16 Depreciation and depletion (See				16	00
	17 Other expenses and disburseme	ents		•	17	00
<u></u>	18 Total expenses and disburseme				18	00
Schedu	Ile L Balance Sheet	Beginning of			of taxable year	
Assets		(a)	(b)	(C)		d)
1 Cash					•	
	counts receivable					
	tes receivable					
	ories				•	
	I and state government obligations					
	ments in other bonds					
	ments in stock					
•	age loans					
	investments				-	
ιυ α υορ h Ιροο	reciable assets	((
	accate				•	
	assets				-	
	and net worth					
	nts payable				•	
	butions, gifts, or grants payable				•	
	and notes payable				•	
	ages payable				•	
18 Other I	liabilities					
19 Canital	I stock or principal fund				•	
	or capital surplus. Attach reconciliation				•	
	ed earnings or income fund				•	
	iabilities and net worth					
Schedu		per books with income per ret	turn			
		dule if the amount on Schedule		ss than \$50,000.		
1 Net inc	come per books	•	7 Income recorded	d on books this year		
	I income tax		not included in t	his return. Attach schedul	e 🔸	
3 Excess	s of capital losses over capital gains	•		is return not charged		
	e not recorded on books this year.		against book inc	ome this year.		
Attach	schedule	•		-	•	
	ses recorded on books this year not			and line 8		
deduct	ted in this return. Attach schedule	•	10 Net income per i			
6 Total.	al. Add line 1 through line 5					

022

3652224

MCE SOCIAL CAPITAL

20-3154063

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
U.S. INTERNATIONAL DEVELOPMENT FINANCE CORPORATION	1100 NEW YORK AVE NW WASHINGTON, DC 20527	437,500.
THE NU SKIN FORCE FOR GOOD FOUNDATION	75 WEST CENTER STREET PROVO, UT 84601	93,363.
SCOTT SATTERWHITE FAMILY	4187 CARMAIN DRIVE ATLANTA, GA 30342	78,090.
LINKED FOUNDATION	3749 SANTA CLAUS LANE, SUITE B CARPINTERIA, CA 93103	77,830.
MCE SOCIAL CAPITAL STICHTING	KEIZERGRACHT 391 AMSTERDAM NETHERLANDS 1016 EJ	65,880.
SAYURI AND CRAIG SHARPER FAMILY	1525 CLAY DRIVE LOS ALTOS, CA 94024	60,000.
1 TO 4 FOUNDATION	RUE DES RAVIERES 1 LIGNIERES SWITZERLAND 02523	50,615.
GARY FORD AND NANCY EBB FAMILY	7171 WOODMONT AVENUE, APT 601 BETHESDA, MD 20815	50,000.
ISENBERG FAMILY CHARITABLE FOUNDATION, INC.	P.O. BOX 351 PALM BEACH, FL 33480	47,500.
DUNN FAMILY CHARITABLE FOUNDATION	300 BRICKSTONE SQUARE, SUITE 201 ANDOVER, MA 01810	44,500.
KFP, L.P.	PO BOX 1247 SONOMA, CA 95476	39,450.
KAREN ANSARA FAMILY	3 ANDREWS STREET ESSEX, MA 01929	37,000.
DAVID AND DEBBY SONNENBERG FAMILY ANGELA AND ANTHONY OCONE FAMILY	8 OLD SMITH ROAD TENAFLY, NJ 07670 4735 GRAND AVENUE OJAI, CA 93023	33,880. 28,261.
561101 146892 810612	3 2022.05000 MCE SOCIAL	STATEMENT(S) CAPITAL 810612

MCE SOCIAL CAPITAL		20-3154063
	14100 JARVI DRIVE ANCHORAGE, AK 99515	27,230.
TRUST DOUG AND CAROL STEENLAND FAMILY	3065 UNIVERSITY TERRACE, NW WASHINGTON, DC 20016	25,000.
JANET MCKINLEY AND GEORGE	909 3RD AVENUE NEW YORK, NY 10022	25,000.
	211 CENTRAL PARK WEST, APT 6G NEW YORK, NY 10024	24,182.
C. JACOBSEN FOUNDATION		20,000.
FAMILY	541 OAK AVENUE SAN ANSELMO, CA 94960 4729 E SUNRISE DR #504 TUCSON,	20,000.
	AZ 85718-4535 621 GEORGETOWN PLACE DAVIS, CA	19,725.
JEANETTE C. LEWIS TRUST	95616	19,725.
MARYANNE MOTT FAMILY	4340 EAST WEST HIGHWAY SUITE 210 BETHESDA, MD 20814 818 TOM MINER CREEK ROAD	19,660.
	EMIGRANT, MT 59027 1200 NEWPORT CENTER DRIVE, SUITE 220 NEWPORT BEACH, CA	19,500.
THE LIBRA FOUNDATION	92660	19,120.
	FRANCISCO, CA 94129 3698 CLARK VALLEY ROAD LOS	19,000.
ALAN AND TERI HOOPS	0505, CA 95402	19,000.
BILL AND MARY WAY FAMILY	DURANGO, CO 81301 4936 E. HORSESHOE ROAD	17,830.
TARA HEALTH FOUNDATION	PARADISE VALLEY, AZ 85253 63 LOMA ROAD PALOMAR PARK, CA	17,830.
DAN BRUNNER FAMILY		17,760.
TOM AND BETSY BALDERSTON	SACRAMENTO, CA 95864 P.O BOX 2007 SAN FRANCISCO, CA	16,150.
FAMILY PETER SWIFT FAMILY	94126 3657 MAIN STREET MANCHESTER, VT 05254	13,500. 11,650.
SWIFT FOUNDATION	3698 CLARK VALLEY ROAD LOS OSOS, CA 93402	11,650.
MIKE AND PAIGE HENCHEN FAMILY	1200 S. RIVERBEND COURT SUPERIOR, CO 80027	10,067.
DARLENE DEMICHELE	2358 ALEXANDER PALM DRIVE NAPLES, FL 34105	10,000.
	4271 ASHTON DRIVE SACRAMENTO, CA 95864	10,000.
SUSAN SHARIN AND LAURINA YOUNG FAMILY	666 UPAS STREET UNIT 902 SAN DIEGO, CA 92103	10,000.
FAMILY	RUE DES RAVIERES 1 LIGNIERES SWITZERLAND 02523	10,000.
	253 JEFFERSON ROAD PRINCETON, NJ 08540	10,000.
FAMILY	86 RIDGES COURT PORTSMOUTH, NH 03801	10,000.
PETER AND STEPHANIE CHOO FAMILY	38 PORTER ROAD CAMBRIDGE, MA 02140	10,000.
	4	STATEMENT(S) 1
561101 146892 810612	2022.05000 MCE SOCIAL CAPIT	AL 810612_1

MCE SOCIAL CAPITAL		20-3154063
TOM AND MEG STALLARD FAMILY	712 MAIN STREET WOODLAND, CA 95695	9,500.
		9,500.
	182 APPLETON STREET CAMBRIDGE, MA 02138	9,500.
SALLIE CALHOUN FAMILY	21120 WARDELL ROAD SARATOGA, CA 95070	-
	PO BOX 218 BIG SUR, CA 93920	9,500. 9,500.
DAVID LEVINE AND AKEMI	4431 KLINGLE STREET NORTHWEST	
KAWANO-LEVINE FAMILY SUNRISE CHARITABLE	WASHINGTON, DC 20016 7906 SPRINGER ROAD BETHESDA,	9,500.
FOUNDATION TRUST	MD 20817	9,500.
	BOX 2319 LAKE ARROWHEAD, CA 92352	9,500.
EMANUEL (SKIP) AND MARILYN STURMAN FAMILY	PO BOX 24 THETFORD, VT 05074	9,500.
CORDES FOUNDATION	4340 EAST WEST HIGHWAY SUITE 210 BETHESDA, MD 20814	9,500.
HIGHLANDS ASSOCIATES	BUILDING B, 1623 5TH AVENUE SAN RAFAEL, CA 94901	9,290.
GREGG SCHOEN FAMILY	20248 GAINES CT. BEND, OR	-
	97702 656 THROCKMORTON AVENUE MILL	9,290.
AMY BRAKEMAN FAMILY	VALLEY, CA 94941 975 MEMORIAL DRIVE CAMBRIDGE,	9,290.
	MA 02138 P.O BOX 628298 ORLANDO, FL	9,290.
	32862	9,290.
TRUST	PIEDMONT, CA 94611	9,290.
UNTALAN FAMILY	4 COLUMBUS SQUARE BOSTON, MA 02116	8,880.
KEN CARSON AND SALLY FOSTER FAMILY	52 CHESTNUT STREET CAMBRIDGE, MA 02139	8,750.
THE ELIZABETH C. FUNK TRUST	2760 DIVISADERO STREET SAN FRANCISCO, CA 94123	8,710.
MARY HEDAHL FAMILY	1659 LEXINGTON AVENUE NEW YORK, NY 10029	8,690.
	PO BOX 2039 SANTA BARBARA, CA	-
HEALY FAMILY CLARK MITCHEL FAMILY	93120 1903 GRAVENSTEIN HWY SOUTH	8,430.
ANDY BURNESS FAMILY	SEBASTOPOL, CA 95472 1325 G ST. NW SUITE 480	8,430.
NEAL AND FLORENCE COHEN	WASHINGTON, DC 20005 P.O. BOX 15203 ALBANY, NY	7,500.
FAMILY KATE THOMPSON FAMILY	33483 PO BOX 48 SOUTH TAMWORTH, NH	7,360.
	03883	6,597.
	SAN FRANCISCO, CA 94105	5,825.
PATIENCE AND TOM CHAMBERLIN FAMILY	37 PLEASANT STREET CONCORD, NH 03301	5,825.
MIKE AND DIANE MOXNESS FAMILY	1213 S STREET ANCHORAGE, AK 99501	5,825.
		,

MCE SOCIAL CAPITAL		20-3154063
THE CLARA FUND	14170 BALERI RANCH ROAD LOS	
	ALTOS HILLS, CA 94022	5,825.
MARTHA CLARK FAMILY	152 MIDDLE STREET PORTSMOUTH,	
	NH 03801-4306	5,825.
THE EUCALYPTUS FOUNDATION	PO BOX 29550 SAN FRANCISCO, CA	
	94129	5,825.
TOM, MARLA AND MCKENNA	P.O. BOX 145445 CINCINNATI, OH 93430	E 00E
WILLIAMS FAMILY	6535 RENWOOD LANE ANNADALE, VA	5,825.
FAMILY TRUST	22003	5,825.
ARMEANE CHOKSI FAMILY		5,025.
MALMAL CHORDI I MILLI	WASHINGTON, DC 20008	5,825.
SARAH MARIE MARTIN AND		0,0100
NICK BROPHY FAMILY	GIRT, NJ 08750	5,825.
JOE BRESCIA FAMILY	3730 MEADOW LANE LAFAYETTE, CA	
	94549	5,825.
IRA GOLUB FAMILY	155 WEST 15TH STREET, APT 6C	
	NEW YORK, NY 10011	5,825.
EILEEN FISHER FAMILY	2 BRIDGE STREET IRVINGTON, NY	
	10533	5,825.
SKY CARVER FAMILY	617 N STREET SUITE C	F 00F
	ANCHORAGE, AK 99501	5,825.
DAVID CAMPBELL FAMILY	277 PARK AVENUE NEW YORK, NY 10172	E 00E
DAVID HILLS AND CATHERINE		5,825.
	PISCATAQUA ROAD DURHAM, NH	
MCDAOGIIDIN-IIIDB FAMIDI	03824	5,825.
DOUG SPENCER FAMILY	6420 BLUEBELL LANE EVERGREEN,	5,025.
	CO 80439	5,825.
LEVI STRAUSS FOUNDATION		-,
	FRANCISCO, CA 94111	5,825.
SANG AND SINDHU PERURI	174 PEPPER DRIVE LOS ALTOS, CA	
FAMILY	94022	5,000.
CHRISTY FOLEY FAMILY	717 WEST TEMPLE STREET LOS	
	ANGELES, CA 93105	5,000.
	4340 EAST WEST HIGHWAY SUITE	E 000
JONATHAN LANE FAMILY	210 BETHESDA, MD 20814	5,000.
TOTAL INCLUDED ON LINE 3		1,951,385.

TAXABLE 202						Autho	orizatio	n fo	or					FORM 8453-EO
_		Exe	mpt O	rganiz	ations									
Exempt Orga	anization name											Identi	ifying number	
MCE S	OCIAL	CAPT	ΓΑΤ.									20	-31540	63
				(whole doll	ars onlv)						I	20	51510	00
	l gross rece												139	,632,352
2 Tota	l gross inco	ome (Form	199, line 8										2 11	,604,034
3 Tota	l expenses	and disbu	rsements (F	Form 199, lii	ne 9)								з <u>12</u>	,397,991
Part II	Settle You		t Electroni	cally for Ta	xable Year :	2022								
4	Electronic			4a Amou			4	b Wi	thdrawal	date	(mm/dd/y	ууу)		
Part III	Banking Ir	nformatio	n (Have you	u verified the	e exempt or	ganization's	banking info	rmatio	on?)					
5 Routi	ng number											_		
6 Accou	unt number	r					7 Туре	e of ac	ccount:		Checking	y [Savings	
	Declaratio													
l authorize on line 4a.		organizatior	i's account to	be settled as	s designated i	n Part II. If I c	heck Part II, b	ox 4, I	lauthorize	e an e	lectronic fu	nds w	ithdrawal for t	the amount listed
transmitter California e a balance c organizatio statements	r, or intermed electronic ret due return, I u on will remain s be transmitt	diate service urn. To the understand n liable for t ted to the F	e provider and best of my ki that if the Fra he fee liability TB by the ER	d the amount nowledge and anchise Tax E y and all appl O, transmitte	s in Part I abo d belief, the ex Board (FTB) do icable interest r, or intermed	ove agree with empt organiz- bes not receiv and penalties iate service pr	n and that the the amounts ation's return e full and time s. I authorize th rovider. If the reason(s)	on the is true ly pay he exe proce :	correspo , correct, a ment of th mpt orgar ssing of th	nding and c ne exe nizatic	lines of the omplete. If mpt organizon return an	e exem the ex zation d acco	npt organizatio empt organiza 's fee liability, ompanying sc	on's 2022 ation is filing the exempt hedules and
Sign Here	Signature	e of officer			Date		CEO							
Dert \/	Declaratio	m of Eloo	trania Dati	we Ovisionat										
am only an accurately provided th 1345, 2022 the exempt I declare th	nat I have rev n intermediate reflects the c he organizatio 2 Handbook f t organizatior nat I have exa	riewed the a e service pr data on the on officer w for Authoriz n return is f amined the a	bove exempt ovider, I und return.) I hav rith a copy of red e-file Prov iled, whichev above exemp	organization erstand that I e obtained th all forms and viders. I will k er is later, an t organizatior	am not respo e organization d information keep form FTB d I will make a n's return and	that the entrie onsible for rev officer's sigr that I will file 8453-EO on a copy availab accompanyin	s on form FTB iewing the exe nature on form with the FTB, a file for four y Ie to the FTB t	empt o FTB 8 and I h rears fr upon ru nd sta	rganizatio 3453-EO b ave follow rom the du equest. If	n's re efore ved al ue dat I am a	turn. I decla transmittin I other requ e of the ret also the pai	are, ho g this ireme urn or d prep	owever, that for return to the l nts described four years fr barer, under p	in FTB Pub.
	ERO's signature						Date		Check if also paid preparer	Σ	Check if self- employ	yed [ERO'S P1	™ 18925
	Firm's name (or if self-employed			ADAMS								Firm	n's FEIN 91 -	0189318
	and address				CAS PAP	RKWAY 1	IE STE	60	00				0711	0
Under pop	alties of pori	inv I dealar	~ ~	UERQUE		ization'e rotur	n and accomp	anvinc	1 echadula	ic and	etatomont		code 8711	U my knowledge
							rmation of wh					s, allu	to the pest of	my knowledge
Paid	Paid		·				Di	ate			ieck self-		Paid preparer's	s PTIN
Prepare	er signature										ployed			
Must	Firm's na if self-em	ame (or yours nployed)	—									Firm	n's FEIN	
Sign	and addr													
												ZIP	code	
													FT	B 8453-EO 2022

229021 11-10-22

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)		IUAL REGISTRATIO		AI FFF	REPORT	DEPARTMENT (For Registry Use Only)		JSTICE GE 1 of 5
MAIL TO: Registry of Charitable Trusts P.O. Box 903447		TO ATTORNEY GEN ections 12586 and 1258	NERAL OF C	CALIFO	RNIA			
Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street	1	1 Cal. Code Regs. sections in the sector of the section of the sector of	ons 301-306, 3	809, 311,	and 312			
Sacramento, CA 95814 (916)210-6400	organizatio	of \$800, plus interest, and/or fine	n the loss of tax exer	mption and th	ne assessment of a			
WEBSITE ADDRESS: www.oag.ca.gov/charities		23703; Government Code section						
				Check if:				
MCE SOCIAL CAPIT.	AL				ange of address nended report			
Name of Organization								
List all DBAs and names the organization us 5758 GEARY BLVD,		51	-	State Ch	arity Pagistration Nur	nber ст 0154098		
Address (Number and Street)								
SAN FRANCISCO, C. City or Town, State, and ZIP Code	A 9412	21		Corporat	ion or Organization N	o. <u>2757202</u>		
415-230-4330 Telephone Number	E-mail Addres	s		Federal E	Employer ID No. 20	-3154063		
ANNUAL REG	ISTRATION	RENEWAL FEE SCHED Make Check Payab	•	-		311, and 312)		
Total Revenue	Fee	Total Revenue		Fee	Total Revenue		Fee	e
Less than \$50,000 Between \$50,000 and \$100,000	\$25 0 \$50	Between \$250,001 and Between \$1,000,001 a	•	\$100 \$200		001 and \$100 million),001 and \$500 millior	\$80 1\$1,	00 ,000
Between \$100,001 and \$250,00	00 \$75	Between \$5,000,001 a		\$400	Greater than \$500			,200
PART A - ACTIVITIES For your most recent full	accounting	period (beginning 01	1/01/202	2 end	ding 12/31/2	022) list:		
		034 Noncash Contributio				ts \$77,75	२ 0	67
(including noncash contributions) $\boldsymbol{\Phi}$	<u>,00,</u> es \$	10,372,127	- چ sinc ا	Total Exp	enses \$ 12	<u>,397,991</u>	<u>, , , ,</u>	<u>07</u>
PART B - STATEMENTS REGA		ANIZATION DURING TI	HE PERIOD OF	THIS RE	EPORT			
Note: All questions must be a providing an explanation		you answer "yes" to an Is for each "yes" respon					Yes	No
1. During this reporting period and any officer, director or any financial interest?					ch officer, director or		x	
2. During this reporting period or funds?	I, was there a	any theft, embezzlement,	diversion or mi	suse of th	e organization's char	itable property		x
3. During this reporting period	l, were any o	rganization funds used to	pay any penal	ty, fine or	judgment?			x
4. During this reporting period commercial coventurer use		ervices of a commercial fu	undraiser, fundr	aising co	unsel for charitable p	urposes, or		x
5. During this reporting period	I, did the org	anization receive any gov	vernmental fund	ling?	SEE SI	TATEMENT 3	x	
6. During this reporting period	I, did the org	anization hold a raffle for	charitable purp	oses?				x
7. Does the organization conc	luct a vehicle	e donation program?						x
8. Did the organization condu generally accepted account				al stateme	ents in accordance wi	th	x	
9. At the end of this reporting	period, did t	he organization hold rest	ricted net asset	s, while re	eporting negative unr	estricted net assets?		x
I declare under penalty of perjo and belief, the content is true,	-	• •	•		ng documents, and t	to the best of my know	wledge	
	СЪ	MILLA NESTOR		C	CEO			
Signature of Authorized Agent		nted Name			Title	Date		

CA RRF-1	EXPLANATION OF	F FINANCIAL	TRANSACTIONS	STATEMENT 2
	PAR	RT B, LINE	1	

SEE FORM 990, SCHEDULE L. ALL TRANSACTIONS ARE IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSE, AND WERE APPROVED BY THE BOARD OF DIRECTORS.

CA RRF-1	INFORMATION	REGARDING	GOVERNMENTAL	FUNDING	STATEMENT	3
		PART B,	LINE 5			

U.S. INTERNATIONAL DEVELOPMENT FINANCE CORPORATION 1100 NEW YORK AVE NW, WASHINGTON, DC 20527 1-202-336-8400

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.
--

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruct		Taxpayer identification number (TIN)			
print	MCE SOCIAL CAPITAL				20-31	54063
File by the due date for filing your		ee instruct	ions.			
return. See instructions						
Enter th	e Return Code for the return that this application is for (file	a separat	te application for each return)			
Applica	tion	Return	Application			Return
Is For			Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Form 8870						12
Form 99	0-T (corporation) MARCIA MYERS	07				
• If the • If this box 1 Ir th 2 If [the tax year entered in line 1 is for less than 12 months, ch	Group Exe and atta NOVE1 anization's , an neck reaso	mption Number (GEN) In the names and TINs of MBER 15, 2023 , to file return for:	f this is fo all memb	r the whole o ers the exter npt organizat 	group, check this asion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less	20	¢	0.
	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	refundable credits and	<u>3a</u>	\$	
	timated tax payments made. Include any prior year overpa			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa				*	
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	: If you are going to make an electronic funds withdrawal				- T	
I HA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	uctions.		Form 8	868 (Rev. 1-2022)

15561101 146892 810612

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

MCESOCI20220001

Filing Name MCE SOCIAL CAPITAL

Submission Type NEW

PIN NOT REQUIRED

Check here \boxed{X} if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 18, 2023. An automatic extension to October 16, 2023 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. ____ Other (please provide explanation below)

223151 01-31-23

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 <u>2022</u>

A	
Amended	

Part I F	iler information		MCE	SOCI	2022	0001					Amenueu		
2 Type of filer													
a 📃 Individ	lual b 🗌 Partnership	c 🗴 Corp	poration	d 🗌	Consolic	lated e	Fid	uciary or o	ther - Ente	r type _			
3 U.S. Taxpay	er Identification Number	3a TIN type	4 Fore	ign ider	ntificatior	n (<u>Comp</u>	lete only if i	item 3 is no	t applicable)	5	Individual's		
2031540	63	SSN/ITI	N a Type	e:	Passpor	t 🗌	Foreign T		ther		MM/D	D/YY	YY
	U.S. Identification	X EIN	b Num				ntry of Issi	ue					
	r organization name IAL CAPITAL					7 Fi	irst name			8	Viddle initia	ม 8	a Suffix
9 Mailing addr	ess (number, street, and a	apt. or suite n	io.)										
	ARY BLVD		11 State	12 71	P/Postal	Code	13 Coun	ntrv					
10 Oity					71 0014	Couc		ici y					
SAN FRA	NCISCO		CA	941	21		USA						
Yes No X	-	nts		Do not	complet				tain record	ls of the	information	۱.	
·	e filer have signature author	2									the files here		
Yes No X	<pre>_ Enter number of accou]</pre>	nts		Comp. F	Part IV, ite	ins 34 u	irougii 43 i	for each per	SOIL OIL WHO:	se penan	the mer has	sign.	authority.
Part II In	formation on financ	cial accou	nt(s) ow	ned se	eparat	ely							
15 Maximum va	alue of account during cale	endar year			Type of	account	t a 🗶 E	Bank b	Securiti	es c	Other - E	nter t	ype below
	34,623.		unknow	'n									
	ancial institution in which a	account is he	ld										
	nber or other designation		g address (OESELA	•		apt. or	suite no.)	of financia	linstitution	ı in whic	h account i	s hel	d
20 City UTRECHT		21 State,	if known	2		n posta 21CB		known 23	Country IETHER	LAND	S		
Signature	44a Check here X	if this report	is complet	ed by a	third pa	rty prep	arer and o	complete t	ne third pa	rty prep	arer sectior	1.	
44 Filer signatu The report wi signed	re 45 Filer	title, if not re	porting a p	ersonal	l account	t		_		46 Date Thi FI	e (MM/DD/Y is date will auto BAR is electron	YYY) -fill wh ically s) ien the signed
	47 Preparer's last name	48 First			49 MI	50 Che		51 TIN	0005	51a	TIN type	X	
Third Party	ALEXANDERSON	PAMEL.		amo		self	-employed	P0121 54 Firm			SSN/ITIN		Foreign EIN
Preparer	52 Contact phone no. $505 - 878 - 7200$		i3 Firm'sr OSS AI		LLP				89318	548	TIN type		EIN Foreign
Use Only	55 Mailing address (nun	nber, street, a	apt. or suite	e no.) 5	56 City				58 ZIP/F	Postal C	ode		Country
	6565 AMERICAS	PARKW	AY NE	SA	LBUQ	UERQ	UE	NM	87110			US	5

223141 04-01-22

Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Inspection

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.

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

AF	or th	e 2022 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	c Name of organization		D Employer identific	cation number
	Addre	MCE SOCIAL CAPITAL			
	Name chang		20-31540	53	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final Feturr		261	415-230-4	
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	39,632,352.
	Amer	SAN FRANCISCO, CA 94121		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: GART FORD		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 2005 N	I State of legal domicile: CA
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: MCE			
anc		ENTERPRISES COMMITTED TO GENERATING SUSTA			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more		
) Š	3				18
ن حە	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			19
ivit	6	Total number of volunteers (estimate if necessary)			32
Act					0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b Prior Year	Current Year
				1,660,168.	5,988,712.
ne	8	Contributions and grants (Part VIII, line 1h)		4,031,228.	4,517,400.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,481.	123,405.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		405,053.	974,517.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,149,930.	11,604,034.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	0,140,000	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,880,125.	2,423,978.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25) 227, 33	36.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,080,260.	9,974,013.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,960,385.	12,397,991.
_	19	Revenue less expenses. Subtract line 18 from line 12		189,545.	-793,957.
or				ginning of Current Year	End of Year
Assets -	20	Total assets (Part X, line 16)		62,791,597.	77,753,967.
ASt	21	Total liabilities (Part X, line 26)		52,885,199.	68,848,672.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		9,906,398.	8,905,295.
Pa	nrt II	Signature Block			

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

Sign	Signature of officer		Date					
Here	CAMILLA NESTOR, CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	PAMELA ALEXANDERSON	PAMELA ALEXANDERSON	11/01/23 self-employed P01218925					
Preparer	Firm's name MOSS ADAMS LLP		Firm's EIN 91-0189318					
Use Only	Firm's address 6565 AMERICAS PAR	KWAY NE STE 600						
	ALBUQUERQUE, NM 8	7110	Phone no. 505-878-7200					
May the IF	lay the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

	1 990 (2022) MCE SOCIAL CAPITAL	20-3154063	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	TO GENERATE ECONOMIC OPPORTUNITIES FOR WOMEN AND FAMILIE	S IN	
	UNDERSERVED COMMUNITIES THROUGHOUT THE DEVELOPING WORLD.		
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	XNo
	If "Yes." describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	measured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		nu
4.0		ue\$ 5,491,	917
48	(Code:) (Expenses \$) (Expenses \$) (Revenue DURING 2022, MCE SOCIAL CAPITAL ISSUED A COMBINED \$40.3		
	LOANS TO 28 FINANCIAL SERVICE PROVIDERS AND SMALL AND GR		
	BUSINESSES. AT THE END OF 2022, MCE'S TOTAL OUTSTANDING		
	LOANS WAS \$64.5 MILLION HELD BY 50 FSPS AND SGBS. THIS C		
	USED TO SUPPORT THE DEVELOPMENT OF BUSINESSES AND SOCIAL		
	32 COUNTRIES AROUND THE WORLD. SINCE DISBURSING ITS FIRS		06,
	MCE HAS FINANCED LOANS FOR 114 FSPS AND 32 SGBS IN 65 CO	UNTRIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
			,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue (Revenu((Revenue (Re	ue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 10, 372, 127.		
		Form 🤤	990 (2022)
23200	2 12-13-22		

Form	990	(2022)

 Form 990 (2022)
 MCE
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		- 23
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
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? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	3 12-13-22	Form	aan	(2022)

Form	990	(2022)
	000	

 Form 990 (2022)
 MCE
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the voor? (6) (4) and (2) and (2) and (2) and (2) and (3) a	25a		х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	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	0.51		v
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u></u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
00		38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\square
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 67		-	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)

	990 (2022) MCE SOCIAL CAPITAL 20-3154	063	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
h	filed for the calendar year ending with or within the year covered by this return 2a 2 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-		20 3a	<u></u>	x
За b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
Ĩ	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country NETHERLANDS	104		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a ⊾	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
120	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	
232005	5 12-13-22	Form	990	(2022)

Form 990	(2022)
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MCE SOCIAL CAPITAL

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	./I
Check if Schedule O contains a response of hote to any line in this Part	VI

X

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by th	e following:			
а	The governing body?		-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	<i>,</i>		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	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 arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedCA, CO, KY, MA, M	D,M	N, NC, NH, NJ	,NY	<u>ОН</u> ,	, PA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l finano	cial	
	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 boo	ks and	d records			
	MARCIA MYERS - 415-230-4330					
	5758 GEARY BLVD #261, SAN FRANCISCO, CA 94121					
232006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2022)

2022.05000 MCE SOCIAL CAPITAL

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	2022)	-		CAPITAL		20-1
: VII	Compensation	of Of	ficers, Dire	ctors, 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)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson is	s both	ı an	compensation	compensation	amount of
	week			uau		1/ ii usi		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	Individual trustee or director	In stit utio nal tru stee	ar	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			C C
(1) CAMILLA NESTOR	40.00									
CEO				Х				244,730.	0.	19,354.
(2) CATHERINE COVINGTON	40.00									
MAN DIR & CHIEF BUS DEV OFFICER				Х				152,507.	0.	21,556.
(3) GENEVIEVE R LLAMZON	40.00									
GENERAL COUNSEL & COO		1		Х				159,713.	Ο.	13,173.
(4) MARCIA MYERS	40.00									
MANAGING DIR. & CFO				Х				126,467.	0.	18,114.
(5) CAROLYN HAN	40.00									
INVESTMENT MANAGER						Х		107,399.	0.	10,162.
(6) WENDY TURMAN	40.00									
MANAGING DIR. & CFO (THRU 6/22)				Х				86,750.	0.	15,973.
(7) ELENA PONS	40.00									
MANAGING DIRECTOR & CIO				Х				100,133.	0.	0.
(8) PIERRE BERARD	40.00									
MANAGING DIR. & CIO (THRU 6/22)				Х				80,916.	0.	9,332.
(9) ROBERT TAYLOR	0.50									
SENIOR ADVISOR				Х				0.	0.	0.
(10) GARY FORD	1.30									
CHAIRMAN OF THE BOD		Х		Х				0.	0.	0.
(11) KEVIN CARNAHAN	3.80									
BOARD MEMBER, TREASURER & SECRETARY		Х		Х				0.	0.	0.
(12) AYESHA WAGLE	0.90							0	0	0
BOARD MEMBER (13) DAN BRUNNER	4.10	Х						0.	0.	0.
BOARD MEMBER	4.10	x						0.	0.	0.
(14) ERIC MCCALLUM	2.40	Δ						0.	0.	0.
BOARD MEMBER	2.10	х						0.	0.	0.
(15) JIM CHU	2.40									
BOARD MEMBER		x						0.	Ο.	0.
(16) JIM DAVIDSON	2.40									
BOARD MEMBER		x						0.	0.	0.
(17) JOHN AYLIFFE	3.80									
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

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MCE SOCIAL CAPITAL

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	(do		Pos heck		ו than d	one	Reportable	Reportable		Estim	ated
	hours per	box	, unle	ss pei	rson i	is both pr/trus	n an	compensation	compensation		amou	
	week							- from	from related		oth	
	(list any hours for	irecto						the	organizations (W-2/1099-MISC	,	compen	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	″	from organiz	
	organizations	Individual trustee or director	nstitutional trustee		ee	npen		1099-NEC)	1099-1120)		and re	
	below	dual t	utiona	L_	nploy	st col	5	10001120)			organiz	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				5	
(18) JUSTIN MORALES	1.00											
BOARD MEMBER		Х						0.		0.		0.
(19) KANINI MUTOONI	0.90											
BOARD MEMBER		Х						0.		0.		0.
(20) KAREN ANSARA	1.10											
BOARD MEMBER		Х						0.		0.		0.
(21) LAURA DEVERE	0.80											
BOARD MEMBER (THRU 12/22)		Х						0.		0.		0.
(22) LEAH BRADFORD FRANCIS	2.40											
BOARD MEMBER		Х						0.		0.		0.
(23) MEG STALLARD	0.90											
BOARD MEMBER		Х						0.		0.		0.
(24) NANCY SWANSON	1.00											
BOARD MEMBER		Х						0.		0.		0.
(25) RAYMOND J. DUNN (JAY DUNN)	1.00											
BOARD MEMBER		Х						0.		0.		0.
(26) SAYURI SHARPER	2.50											
BOARD MEMBER		Х						0.		0.		0.
1b Subtotal								1,058,615.		0.	107,	
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								1,058,615.		0.	107,	664.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable			_
compensation from the organization												6
										ſ	Ye	s No
3 Did the organization list any former officer,	,	,	,	•		,	0		5			
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a	•						elate	ed organization or individ	lual for services			
rendered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or sı	ıch i	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-								nsat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	vith c	or wi	thin I		ear.			
(A) Name and business	address	NTC	ONE	7				(B) Description of s	ervices	C	(C) ompensa	tion
	2001033	INC		2			_	Description of s				
							_					
2 Total number of independent contractors (in		ot lin	nited	d to			ted	above) who received mo	ore than			
\$100,000 of compensation from the organized	zation				(J						

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

Form 990 MCE_SOCIA	L CAPIT	'AL	ı						20-315	4063		
	stees, Key En	es, Key Employees, and Highest Compensated Emp							yees (continued)			
(A) Name and title	(B) Average hours	(cł	neck	Pos			ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(27) WILLIAM WAY	1.30								0	0		
BOARD MEMBER		X						0.	0.	0.		
Total to Part VII, Section A, line 1c		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					

232201 04-01-22

							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclu
								function revenue	business revenue	from tax un sections 512 -
2	1 a	Federated campaigns		1a						
	b	Membership dues		1b						
	с	Fundraising events		1c						
	d	Related organizations		1d		65,880.				
	е	Government grants (contri	butio	ns) 1e		437,500.				
0	f	All other contributions, gifts, g	grants	, and						
		similar amounts not included	above	9 1f		5,485,332.				
2	g	Noncash contributions included in I	ines 1a	-1f 1g \$						
0	h	Total. Add lines 1a-1f					5,988,712.			
					Business Code					
	2 a	FINANCIAL SERVICE PROVIDER LOANS			525990	3,704,139.	, ,			
D	b	SMALL GROWING BUSINE	ISS I	LOANS		525990	813,261.	813,261.		
	С									
Ď	d									
	е									
1		All other program service r								
		Total. Add lines 2a-2f					4,517,400.			
	3	Investment income (includ								
1							13,837.			13,
1	4	Income from investment o		-	nd p	roceeds				
1	5	Royalties	·····			(1) D				
			╞	(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c			└────┤				
		Net rental income or (loss)	·····	(i) C		(::) 011-				
1	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
1		assets other than inventory	7a			28137886.				
	b	Less: cost or other basis								
		and sales expenses	7b			28028318.				
		Gain or (loss)	7c			109,568.	100 500			100
	d	Net gain or (loss)			· · · · · · ·		109,568.			109,
	8 a	Gross income from fundraisin including \$								
		including \$ contributions reported on								
		Part IV, line 18		-	8a					
	h	Less: direct expenses			<u>oa</u> 8b					
		Net income or (loss) from f				·				
		Gross income from gaming		-						
	υu	Part IV, line 19			9a					
1	h	Less: direct expenses			9b					
1		Net income or (loss) from (· · · · · · · · · · · · · · · · · · ·				
.		Gross sales of inventory, le			· <u> </u>					
1	. 	and allowances			10a					
1	b	Less: cost of goods sold			10b					
1		Net income or (loss) from s								
t	•				<u>,</u>	Business Code				
].	11 a	CREDIT LOSS RECOVERI	ES			525990	974,517.	974,517.		
Ine	b						, -	,		
2	c									
		All other revenue								
		Total. Add lines 11a-11d					974,517.			
-	12	Total revenue. See instructio					11,604,034.	5,491,917.	0.	123,4

232009 12-13-22

Form **990** (2022)

Form 990 (2022) MCE SOCIAL CAPITAL
Part VIII Statement of Revenue

eeds 10% of line 25,				
lg expenses on Sch O.)	<u>3,977.</u> 61,981.	2,585. 45,954.	994.	398.
		45,954.	11,560.	4,467.
	36,760.	24,588.	8,694.	3,478.
	81,943.	53,263.	20,486.	8,194.
	33,393.	21,706.	8,348.	3,339.
	232,835.	188,441.	32,311.	12,083.
ainment expenses				
al public officials				
and meetings	15,809.	15,742.	48.	19.
	1,856,119.	1,856,119.		
amortization				
	39,378.	26,369.	9,292.	3,717.
ses not covered enses on line 24e. If of line 25, column (A), on Schedule 0.)				
SE	6,030,965.	6,030,965.		
OF GUARAN	1,046,033.	.,,	1,046,033.	
IATIVES	283,468.	184,254.	70,867.	28,347.
OPMENT	21,925.	21,925.		
	24,953.	20,041.	3,508.	1,404.
d lines 1 through 24e	12,397,991.	10,372,127.	1,798,528.	<u>1,404.</u> 227,336.
only if the organization				
sts from a combined				
raising solicitation.				
98-2 (ASC 958-720)				
				Form 990 (2022)
12	2022.	05000 MCE SOC	CIAL CAPITAL	810612_

MCE SOCIAL CAPITAL Form 990 (2022)

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 respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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	1,072,603.	697,192.	268,151.	107,260.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,052,055.	973,597.	56,041.	22,417.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	19,040.	12,376.	4,760.	<u>1,904</u> . 7,014.
9	Other employee benefits	70,137.	45,589.	17,534.	7,014.
10	Payroll taxes	210,143.	136,593.	52,536.	21,014.
11	Fees for services (nonemployees):				
	Management	22,812.	14,828.	5,703.	2 201
	Legal	84,140.	14,020.	84,140.	2,281.
	Accounting	04,140.		04,140.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	97,522.		97,522.	
g		5775220		5775221	
9	column (A), amount, list line 11g expenses on Sch 0.)	3,977.	2,585.	994.	398.
12	Advertising and promotion	61,981.	45,954.	11,560.	4,467.
13	Office expenses	36,760.	24,588.	8,694.	398. 4,467. 3,478.
14	Information technology	81,943.	53,263.	20,486.	8,194.
15	Royalties				
16	Occupancy	33,393.	21,706.	8,348.	3,339.
17	Travel	232,835.	188,441.	32,311.	12,083.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,809.	15,742.	48.	19.
20	Interest	1,856,119.	1,856,119.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20 270		0 202	2 717
23		39,378.	26,369.	9,292.	3,717.
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 0.)				
а	BAD DEBT EXPENSE	6,030,965.	6,030,965.		
b	REMEASUREMENT OF GUARAN	1,046,033.		1,046,033.	
с	STRATEGIC INITIATIVES	283,468.	184,254.	70,867.	28,347.
d	BUSINESS DEVELOPMENT	21,925.	21,925.		
е	All other expenses	24,953.	20,041.	3,508.	1,404.
25	Total functional expenses. Add lines 1 through 24e	12,397,991.	10,372,127.	1,798,528.	227,336.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

MCE SOCIAL CAPITAL

Form 990 (2022)
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
	1	Cash - non-interest-bearing	8,216,836.	1	10,100,025.
	2	Savings and temporary cash investments		2	1,988,310.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	603,266.
	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	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1 35 776	9	75,148.
		Land, buildings, and equipment: cost or other		_	
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	58,172,484.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	6,814,734.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	77,753,967.
	17	Accounts payable and accrued expenses		17	232,085.
	18	Grants payable		18	· · ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
6	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons	10,636,096.	22	19,772,863.
Ë	23			23	
	24	Unsecured notes and loans payable to unrelated third parties	41,356,061.	24	48,234,583.
	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	609,141.
	26	Total liabilities. Add lines 17 through 25	52,885,199.	26	68,848,672.
		Organizations that follow FASB ASC 958, check here			
sec		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	4,785,934.	27	4,438,971. 4,466,324.
Bal	28	Net assets with donor restrictions	5,120,464.	28	4,466,324.
pu		Organizations that do not follow FASB ASC 958, check here			
Ľ.		and complete lines 29 through 33.			
s of	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	9,906,398.	32	8,905,295.
	33	Total liabilities and net assets/fund balances		33	77,753,967.

Form **990** (2022)

Form	1990 (2022) MCE SOCIAL CAPITAL	20-	3154063	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				9
	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	11,60	4,0	34.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,39	7,9	91.
3	Revenue less expenses. Subtract line 2 from line 1	3	-79	3,9	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,90	6,3	98.
5	Net unrealized gains (losses) on investments	5	-20	7,1	46.
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	8,90	5,2	95.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nam	e of t	he organization						Employer	identification number			
		MCE	SOCIAL CAP	ITAL				2	0-3154063			
Pa	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The o	organi	ization is not a private found										
1		A church, convention of ch					I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	ו 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 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	X											
		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 or	-						Check the box on			
		lines 12a through 12d that	• •					-				
а		Type I. A supporting orga	-		•	-						
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting			
		organization. You must o	-					- (-)	·			
b		Type II. A supporting org	-				•		-			
		control or management o			ame perso	ns that col	ntroi or manaç	ge the supp	orred			
•		organization(s). You mus	-		in connoct	ion with a	and functional	ly intograte	d with			
с		J Type III functionally inte its supported organization						ly integrate	a with,			
d		Type III non-functionally		-				ted organi-	ration(s)			
u	L	that is not functionally int						-				
		requirement (see instructi	• •		•		-	anatonin				
е		Check this box if the orga	,	•	-			II Type III				
		functionally integrated, or					1900, 1900	n, 1990 m				
f	Ente	er the number of supported of										
q		vide the following information	0									
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed no document?	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Tota												

232022	12-09-22	

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 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

Schedule A (Form 990) 2022

	MCE SOCIAL					4063 Page 2
Part II Support Schedule for	-		-			-
(Complete only if you check				n failed to qualify ι	Inder Part III. If the	organization
fails to qualify under the tes	ts listed below, plea	se complete Part I	11.)			
Section A. Public Support	- <u>_</u>	1				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						
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						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10					10	
12 Gross receipts from related activitie13 First 5 years. If the Form 990 is for			fourth or fifth toxy		12 01(a)(2)	
organization, check this box and st						
Section C. Computation of Pub						
			column (f))		14	%
14 Public support percentage for 2022					15	% %
14 Public support percentage for 202215 Public support percentage from 202		II line 14				
15 Public support percentage from 202	21 Schedule A, Part					and
15 Public support percentage from 202 16a 33 1/3% support test - 2022. If the	21 Schedule A, Part e organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
 15 Public support percentage from 202 16a 33 1/3% support test - 2022. If the stop here. The organization qualifier 	21 Schedule A, Part e organization did no es as a publicly supp	ot check the box of orted organization	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
 15 Public support percentage from 202 16a 33 1/3% support test - 2022. If the stop here. The organization qualifie b 33 1/3% support test - 2021. If the 	21 Schedule A, Part e organization did no es as a publicly supp e organization did no	ot check the box or orted organization ot check a box on I	n line 13, and line ine 13 or 16a, and	14 is 33 1/3% or m line 15 is 33 1/3%	or more, check this bo	s box
 15 Public support percentage from 202 16a 33 1/3% support test - 2022. If the stop here. The organization qualifie b 33 1/3% support test - 2021. If the and stop here. The organization qualifier 	21 Schedule A, Part e organization did no es as a publicly supp e organization did no alifies as a publicly s	ot check the box of orted organization ot check a box on l supported organiza	n line 13, and line ⁻ ine 13 or 16a, and ation	14 is 33 1/3% or m line 15 is 33 1/3%	ore, check this boy	is box
 15 Public support percentage from 202 16a 33 1/3% support test - 2022. If the stop here. The organization qualifie b 33 1/3% support test - 2021. If the 	21 Schedule A, Part e organization did no as as a publicly supp e organization did no alifies as a publicly s st - 2022. If the org cts-and-circumstance	ot check the box of orted organization ot check a box on l supported organiza janization did not o es test, check this	n line 13, and line ine 13 or 16a, and ation check a box on line box and stop he	14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a r e. Explain in Part	ore, check this boy or more, check thi and line 14 is 10% (is box

Schedule A	(Form	990)	2022

MCE SOCIAL CAPITAL

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 (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 5988712.18617700. 1968193 2158875. 6841752. 1660168. 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 4391728. 4365451. 4031228. 4517400.21148485. 3842678. 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 6550603.11207203. 5691396.10506112.39766185. 5810871. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 409,147. 43,375. 599,294. 757,096. 587,938. 2396850. 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 Ο. c Add lines 7a and 7b 587,938. 409,147. 43,375. 599,294. 757,096. 2396850 37369335 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 6550603.11207203. 5691396.10506112.39766185. 9 Amounts from line 6 5810871. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 242,999. 6,296. 4,218. 3,862. 13,837. 271,212. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 242,999 6,296. 4,218. 3,862. 13,837. 271,212. 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 405,053. 13,000. 171. 148,154. 974,517. 1540895. assets (Explain in Part VI.) 6066870. 6557070. 11359575. 6100311.11494466.41578292. **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 89.88 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 92.27 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .65 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 1.04 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 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 _____X 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 Schedule A (Form 990) 2022 232023 12-09-22

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	(Form 990) 2022		SOCIAL	
Part IV	Supporting Org	ganizations	(continued)	

1

1

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization and more than one supported organization's activities. If the organization had more than one supported organization's activities. If the organization had more than one supported organization's activities.</i>			

TAL

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	2
Section C. Type II Supporting Organizations	

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

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

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a gov	vernmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	---------------------	-------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22 Yes No

Schedule A (Form 990) 2022

	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

232026 12-09-22

1

MCE SOCIAL CAPITAL Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

e Excess from 2022

Schedule A (Form 990) 2022

MCE SOCIAL CAPITAL

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide 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	he 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	1		10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u> i</u>	Carryover from 2017 not applied (see instructions)				
<u>i</u>	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	d Excess from 2021				

Schedule A (Form 990) 2022

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

CREDIT LOSS RECOVERIES			
2018 AMOUNT: \$	13,000.		
2019 AMOUNT: \$	171.		
2020 AMOUNT: \$	148,154.		
2021 AMOUNT: \$	405,053.		
2022 AMOUNT: \$	974,517.		

Schedule A (Form 990) 2022

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

20-3154063

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

MCE SOCIAL CAPITAL

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$93,363.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$78,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$77,830.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$65,880.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (20
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Schedule B (Form 990) (2022) Name of organization

Part I

(a)

No.

(a)

No.

(a) No.

3

(a) No.

4

(a) No.

5

(a) No.

6

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MCE	SOCIAL	CAPITAL	

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

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

X

20-3154063

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(c)

Total contributions

\$

437,500.

90) (2022)

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(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>47,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$44,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$39,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$37,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
10612 2022.05000	MCE SOCIAL CAPITA	AL 810612_1

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Schedule B (Form 990) (2022) Name of organization

Part I

(a)

No.

(a)

No.

(a) No.

9

(a) No.

10

(a) No.

11

(a) No.

12

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SOCIAL	CAPITAL

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

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

X

20-3154063

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(c)

Total contributions

\$

50,615.

MCE SOCIAL CAPITAL

Employer identification number

20-3154063

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 33,880. \$ 33,880. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14_		\$ 28,261. \$ 28,261. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u> 15</u>		* 27,230. * Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution \$ 25,000. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		* 25,000. * (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		\$ 24,182. \$ 24,182. Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Page **2**

Schedule B (Form 990) (2022)

Name of organization

(a)

No.

20

Part I

(a)

No.

		·	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$19,725.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$19,725.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u>19,660.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		\$19,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
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MCE SOCIAL CAPITAL

	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
	(b) Name, address, and ZIP + 4	(c) Total contributions	
_			

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

X

X

20-3154063

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

20,000.

20,000.

(c)

Total contributions

\$

\$

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NO.	

Schedule B (Form 990) (2022) Name of organization

MCE SO	OCIAL CAPITAL	20-3154063
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
25_		\$19,120. Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
26		\$ 19,000. Person X \$ 19,000. Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
27_		\$ 19,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
28_		\$17,830. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
29_		\$17,830. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u> 30 </u>		\$

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Schedule B (Form 990) (2022)

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	nal space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$16,150. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$\$13,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$ <u>11,650.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- _ \$ <u>11,650.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$ <u>10,067.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

MCE SOCIAL CAPITAL

Name of organization

Part I

(a) No.

31

(a) No.

32

(a) No.

33

(a) No.

34

(a) No.

35

(a) No.

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Employer identification number

20-3154063

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MCE SOCIAL CAPITAL

Employer identification number

20-3154063

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
37		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$ <u>10,000.</u>	Type of contribution Person X Payroll
(a)	(b)	(c)	(d) Turne of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$10,000.	Person X Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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2022.05000 MCE SOCIAL CAPITAL

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

Total contributions

Schedule B (Form 990) (2022)	

Name of organization

Part I

(a)

No.

MCE SOCIAL CAPITAL

Name, address, and ZIP + 4

Employer identification number

Type of contribution

20-3154063

<u>43</u>		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>44</u>		\$9,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$9,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u>		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

20-3154063

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 X Person Payroll 9,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 50 X Person Payroll 9,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 51 X Person Payroll 9,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 52 X Person Payroll Noncash 9,500. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 53 X Person Payroll 9,290. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 54 X Person Payroll 9,290. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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MCE	SOCIAL	CAPITAL	

Employer identification number

20-3154063

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
55		\$9,290.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$9,290.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$ <u>9,290.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$ <u>9,290.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$8,880.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>60</u>		\$8,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

MCE SOCIAL CAPITAL

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
61		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$8,690.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$8,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$8,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$7,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

20-3154063

Name of organization

Employer identification number

20-3154063

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 67 X Person Payroll 6,597. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 68 X Person Payroll 5,825. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 69 X Person Payroll 5,825. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 70 X Person Payroll 5,825. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 71 X Person Payroll 5,825. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 72 X Person Payroll 5,825. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

MCE SOCIAL CAPITAL

20-3154063

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
		\$ <u>5,825.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74_		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75_		\$ <u>5,825.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,825.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$5,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Name of organization

Employer identification number

20-3154063

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 79 X Person Payroll 5,825. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 80 X Person Payroll 5,825. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 81 X Person Payroll 5,825. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 X Person Payroll Noncash 5,825. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 X Person Payroll 5,825. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 84 X Person Payroll 5,825. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

223452 11-15-22

5,000.
c) tributions
5,000.
c) tributions
c)
tributions
tributions
tributions
tributions

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
85		\$ <u>5,825.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

Schedule B (Form 990) (2022) Name of organization

Part I

(a)

Employer identification number

(d)

20-3154063

(c)

Schedule B (Form 990) (2022)

810612_1

2022.05000 MCE SOCIAL CAPITAL

from Part I	Description of noncash property given	(See instructions.)	Date received
<u> </u>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
223453 11-15-22			Schedule B (Form 990) (2022)

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

(b)

Schedule B (Form 990) (2022)

Name of organization

Part II

(a)

No.

(c)

FMV (or estimate)

20-3154063

Employer identification number

(d)

15561101 146892 810612

2022.05000 MCE SOCIAL CAPITAL

Name of o	rganization				Employer identification number	
MCE S	OCIAL CAPITAL				20-3154063	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	through (e) and the following haritable, etc., contributions of \$1	a line entry. For or	anizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Description of how gift is held		
·		(e) Transfe	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Desc	ription of how gift is held	
		(e) Transfe	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Desc	ription of how gift is held	
		(e) Transfe	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Desc	ription of how gift is held	
		(e) Transfe	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee	

Schedule B (Form 990) (2022)

90	HEDULE D	Supplementa	al Financial Statements			OMB No. 154	15-0047
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,			202))
			, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990.).		Open to	Public
	ment of the Treasury I Revenue Service		0 for instructions and the latest informat	ion.		Inspectio	
Nam	e of the organizati				Emp	loyer identification	
Des		MCE SOCIAL CAPITAL	d Funda av Othav Similar Funda a			20-31540	
Par		n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds o	or Acc	coun	ts. Complete if the	9
	organizatio	franswered fes off-offit 990, Partiv, in	(a) Donor advised funds	/h		ds and other accour	+0
	T . i . i i		(a) Donor advised funds	u)) Fund		
1		nd of year					
2 3		f contributions to (during year) f grants from (during year)					
4		t end of year					
5			writing that the assets held in donor advise	d funds	;		
•	-		exclusive legal control?			Yes	No
6			dvisors in writing that grant funds can be u				
	•	•	r donor advisor, or for any other purpose co		-		
						Yes	No
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, I	ine 7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).				
	Preservation	n of land for public use (for example, recrea	tion or education)	a histor	ically i	mportant land area	
	Protection o	f natural habitat	Preservation of a	a certifi	ed his	toric structure	
		n of open space					
2			fied conservation contribution in the form o	f a con: Г			
	day of the tax year			- H		Held at the End of the	Tax Year
a					2a		
b	•		usture included in (a)		2b		
с С		vation easements on a certified historic striv vation easements included in (c) acquired a	ucture included in (a)	ŀ	2c		
d			• • •		2d		
3		•	eased, extinguished, or terminated by the c	_		luring the tax	
Ŭ	year			Jigainz			
4		where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enf	orcement of the conservation easements it	holds?			Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation	easer	ments during the yea	ar
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on ease	ement	s during the year	
8			e satisfy the requirements of section 170(h)			—	—
•	and section 170(h)						No No
9		•	on easements in its revenue and expense s				
		ounting for conservation easements.	note to the organization's financial statemer	its that	uesci	ides the	
Par			Art, Historical Treasures, or Oth	er Si	milar	Assets.	
		f the organization answered "Yes" on Form					
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balar	nce sh	eet works	
	U U		blic exhibition, education, or research in fur				
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items				
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance	sheet	works of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furthe	erance	of pub	lic service,	
	-	ng amounts relating to these items:					
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1				S	
	.,					S	
2			asures, or other similar assets for financial	gain, pr	rovide		
	-	unts required to be reported under FASB A	-				
a						š	
b	Assets included in	Form 990, Part X			9	5	

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

Sche		IAL CAPITAI						20-31	54063	P	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	torical Tre	easures, o	r Other	Similar	⁻ Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, checl	k any of the	following that	t make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	hey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, hi	istorical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered '	"Yes" on F	- orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		-							
1a	Is the organization an agent, trustee, custodi	ian or other intermedi	ary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		•	Ũ						Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						v?		Yes		No
	If "Yes," explain the arrangement in Part XIII.						,		_		Ī
Par).				
	·	(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ŭ											
f	Administrative expenses										
g											
2	End of year balance Provide the estimated percentage of the curr		line 1	a column (a)) held as:						
-	Board designated or quasi-endowment	•	%	g, column (a	<i>))</i> пога аз.						
a h		%	_^0								
c		<u> </u>									
U	The percentages on lines 2a, 2b, and 2c sho	- · -									
20	Are there endowment funds not in the posse		tion the	at are hold a	ad administor	rod for the					
Ja	organization by:	ssion of the organiza		at are neiù ai			,		Г	Yes	No
	c								3a(i)		
									3a(ii)		
h	(ii) Related organizations										
4	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipm		witterit	iunus.							
	Complete if the organization answere		Part I	V line 11a S	See Form 990	Part X li	ne 10				
				1				d			
	Description of property	(a) Cost or of basis (investm			t or other (other)		cumulate reciation	a	(d) Book	valu	e
4-	Land			54515		uep					
-	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										0
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part)	X. colur	<u>mn (B), line 1</u>	0c.)			<u> </u>			0.
								Schedule	D (Form	990)	2022

) (Form 990)				CAPITAL
Part VII	Investn	nents -	Other Se	curities.	

(a) Description of security or category (including name of security)

(c) Method of valuation: Cost or end-of-year market value

) Financial derivatives			
Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (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 1	I1c. 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) SOCIAL INVESTMENT LOANS	58,172,484.	COST	•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	58,172,484.		
Complete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) OTHER ASSETS			404,02
(2) INTEREST RECEIVABLE			597,01
(3) GUARANTOR RECEIVABLE			5,813,70
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		6,814,73
Part X Other Liabilities.	, 1J.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X li	ine 25
(a) Description of lightlity	are the second are the mile in		(b) Book value
(1) Federal income taxes (2) INTEREST PAYABLE			609,14
			009,14
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
			609,14

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

(b) Book value

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 MCE SOCIAL CAPITAL	20-2	3154063 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	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	2,557,091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 190,842.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-16,304. 2,573,395.
3	Subtract line 2e from line 1	3	2,573,395.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b 8,933,117.		
С	Add lines 4a and 4b	4c	9,030,639.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,604,034.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,558,194.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 190,842.		
b	Prior year adjustments 2b		
С	Other losses 2c		
d			100 010
е	Add lines 2a through 2d	2e	190,842.
3	Subtract line 2e from line 1	3	3,367,352.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b 8,933,117.		0 000 000
С	Add lines 4a and 4b	4c	9,030,639.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	12,397,991.
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE	ORC	GAN	IZA	FION	QUAI	LIFI	ES	AS	A TZ	AX-EX	EMPT	ORGA	NIZ	ATIO	N UN	DER	SEC	TIC	ON	
501	(C)	(3)	OF	THE	INT	ERNA	L R	EVE	NUE	CODE	(TH)	E COI)E)	AND,	THE	REFC	ORE,	TH	HERE	IS
NO	PROV	JIS	ION	FOR	INC	OME	TAX	ES.	IN	ADDI	TION	, THE	e or	GANI	ZATI	ON Q)UAL	JIFI	IES I	FOR
THE	CHZ	ARI	TABI	LE CO	ONTR	IBUI	ION	DE	DUC	FION	UNDE	R SEC	TIO	N 170) OF	THE	E CO	DE	AND	
HAS	BEI	EN	CLAS	SSIFI	ED Z	AS A	N O	RGA	NIZ	ATION	THA'	r is	NOT	A PI	RIVA	TE F	OUN	IDA'	FION	,
INC	OME	DE	TERI	MINEI	о то	BE	UNR	ELA	TED	BUSI	NESS	TAXA	BLE	INC	OME	(UBI	[Т)	wot	ULD H	BE
ТАХ	ABLI	Ξ.																		

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A

CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF

ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. AS OF
232054 09-01-22 Schedule D (Form 990) 2022

Schedule D	(Form 990)	2022	MCE	SOCIAL	CAPITAL

1,856,119.

1,046,033.

6,030,965.

8,933,117.

Part XIII Supplemental Information (continued)

DECEMBER 31, 2022 AND 2021, THE ORGANIZATION HAD NO UNCERTAIN TAX

POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE

REMEASUREMENT OF GUARANTOR CONTRIBUTIONS

LOAN WRITE-OFF

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 4B - OTHER ADJUSTMENTS:INTEREST EXPENSE1,856,119.REMEASUREMENT OF GUARANTOR CONTRIBUTIONS1,046,033.LOAN WRITE-OFF6,030,965.TOTAL TO SCHEDULE D, PART XII, LINE 4B8,933,117.

Schedule D (Form 990) 2022

232055 09-01-22

MCE SOCIAL CAPI				20-31540	
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organization answered '	'Yes" on
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
United States.					
			an be duplicated if additional space is r		
(a) Region	(b) Number of offices	(c) Number of employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	employees, agents, and independent	gram services, investments, grants to	describe specific type	for and
	in the region	contractors	recipients located in the region)	of service(s) in the region	investments in the region
		in the region			
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA			LOANS TO FSP'S AND SGB'S		7 445 001
FASO,	0	0	LOCATED IN THE REGION		7,445,891.
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,	0		LOANS TO MFI'S AND SGB'S		10 010 420
ARUBA, BAHAMAS,	0	0	LOCATED IN THE REGION		10,018,436.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,			LOANS TO FSP'S AND SGB'S		7 000 000
CAMBODIA,	0	0	LOCATED IN THE REGION		7,000,000.
RUSSIA AND					
NEIGHBORING STATES -			LOANS TO FSP'S AND SGB'S		
ARMENIA, AZERBIJAN,	0	0	LOANS TO FSP S AND SGB S LOCATED IN THE REGION		7 0 9 9 1 0 0
BELARUS, SOUTH AMERICA -	0	0	LOCATED IN THE REGION		7,988,190.
ARGENTINA, BOLIVIA,			LOANS TO FSP'S AND SGB'S		
BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	LOCATED IN THE REGION		8,228,675.
COLOMBIR, ECORDOR,	0	0	LOCATED IN THE REGION		0,220,075.
EUROPE (INCLUDING					
ICELAND & GREENLAND)	1	7	PORTFOLIO HUB OFFICE		505,875.
EUROPE (INCLUDING	±	,			
ICELAND & GREENLAND)				MCE SOCIAL CAPITAL	
- ALBANIA, ANDORRA,				STICHTING - ACTIVITIES	
AUSTRIA, BELGIUM	1	0	PROGRAM SERVICES	TO REDUCE POVERTY	160,947.
		<u> </u>			
3 a Subtotal	2	7			41,348,014.
b Total from continuation	2	, 			,,
	0	o			0.
sheets to Part I		, · · · · · · · · · · · · · · · · · · ·			<u>.</u>
c Totals (add lines 3a and 3b)	2	7			41,348,014.
anu suj	2	I ,			11,010,014.

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

Schedule F (Form 990) 2022

232071 10-17-22

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Schedule F (Form 990) 2022

Part II

MCE SOCIAL CAPITAL

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

1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (c) Region (a) Name of organization valuation (book, FMV, noncash of noncash and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **3** Enter total number of other organizations or entities Schedule F (Form 990) 2022

Page **2**

20-3154063

Schedule F (Form 990) 2022	MCE SOCIAL (APITAL			20-3154063		Page
Part III Grants and Other Assists Part III can be duplicated			ates. Complete if	the organization answered "Yes	s" on Form 990, Part I	V, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 MCE SOCIAL CAPITAL

Part V Supplemental Information

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

PART I, LINE 3, COLUMN F:

METHOD USED TO REPORT TOTAL EXPENDITURES IS THE ACCRUAL METHOD OF

ACCOUNTING.

SCHEDULE F, PART IV LINE 1:

FORM 926 IS NOT REQUIRED TO BE FILED BECAUSE THE TRANSFER TO A FOREIGN

CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN THE IRC SEC

6038B(A)(1)(A).

Schedule F (Form 990) 2022

232075 10-17-22

15561101 146892 810612

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	-
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	F arataria in	Inspe		
Nam	e of the organization		Employer ic			mber
Da	rt I Question	MCE SOCIAL CAPITAL s Regarding Compensation	20-3	15406	5	
10		s negarang compensation			Vac	No
1 a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		Yes	No
а		line 1a. Complete Part III to provide any relevant information regarding these items.	550,			
	First-class or c		naluse			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
		······································	,,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee Written employment contract				
	Independent c	ompensation consultant <u>X</u> Compensation survey or study				
	Form 990 of o	ther organizations	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				v
-		e payment or change-of-control payment?				X X
b	-	eive payment from a supplemental nonqualified retirement plan?				X
С	-	eive payment from an equity-based compensation arrangement?		<u>4c</u>		
	I res to any or in	es 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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
5	contingent on the re					
а	•			5a		x
		ation?				X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n					
а	The organization?	-		6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7	Х	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990)) 2022

20-3154063

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CAMILLA NESTOR ((i)	220,980.	23,750.	0.	7,463.	11,891.	264,084.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) CATHERINE COVINGTON	(i)	145,007.	7,500.	0.	4,751.	16,805.	174,063.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	157,213.	2,500.	0.	4,383.	8,790.	172,886.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
((i)							
	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
	ii)							
	(i)							
	ii)							
((i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
(i	ii)							

Schedule J (Form 990) 2022

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 7:

THE ORGANIZATION PAYS BONUSES TO SPECIFIC INDIVIDUALS FOR MEETING COMPANY

GOALS. BONUSES ARE APPROVED BY THE BOARD OF DIRECTORS.

SCHEDULE L	
------------	--

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB	No.	1545-0047	

2022	
Open To Public	

Department of Internal Reven			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open To Public Inspection							
Name of th	ne organiza	tion									Emp	oloyer	ident	ificatio	on nui	mber
					L CAPITA								540	63		
Part I	Exces	s Bene	fit Tra	ansacti	ons (section 5	01(c)(3), sect	ion 501(c)(4), and see	ction 501(c)(29) orgar	nizatio	ns on	ly).			
	Complet	te if the c	organiza	ation ansv	vered "Yes" on	Form 9	90, Pa	art IV, lin	e 25a or 25b	o, or Form 990-EZ, Pa	rt V, li	ne 40	b.			
1 (a) Name of disqualified person					Relationship bet			lified	10	c) Description of trans	sactio	n	(d) Corrected			cted?
(a) Na			CISOII		person and o	rganiza	ation				Saction			<u> </u>	es	No
														_		
														_	_	
														_	_	
														_	_	
														+		
2 Enter	the amoun	nt of tax i	ocurrec	l by the o	rganization mar	aners	or disc	ualified	nersons duri	ing the year under						
				-	0	•		•				\$				
		,	,,	,	,	,										
Part II	Loans	to and	/or F	rom Int	erested Per	sons.										
	Complet	te if the c	organiza	ation ansv	vered "Yes" on	Form 9	90-EZ	, Part V,	line 38a or F	Form 990, Part IV, line	e 26; c	or if th	e orga	nizatio	n	
	reported	an amo	unt on	Form 990	, Part X, line 5,	- i										
•	a) Name of			lationship	(c) Purpose		an to or n the		Original	(f) Balance due	(g)		(h) Ap I by bo	proved ard or		ritten
inter	rested pers	on	with or	ganization	of loan		zation?	princip	al amount		defa	ult?	comm	nittee?	agree	ment?
			0 - 0			To	From				Yes	No	Yes	No	Yes	No
BLINK					PROVIDE	X			0,000.	250,000.		X	X		X	
BLINK					PROVIDE	X			9,743.	13,726.		X	X		X	
BLINK BLINK	#N-01 #N-01				PROVIDE PROVIDE	X X			<u>3,750.</u> 0.	24,355.		X X	X X		X X	
BLINK	$\frac{\#N-01}{\#N-01}$				PROVIDE	X			0.	14,236. 59,424.		x X	X		л Х	
BLINK	C.V.	B-0			PROVIDE	X		3 00	•••	3,000,000.		X	X		X	
BLINK		#B-0			PROVIDE	X				1,600,000.		X	X		X	
BLINK		#N-0			PROVIDE	X			0,000.	62,500.		X	X		X	
BLINK		#N-0			PROVIDE	X			0,000.	256,932.		X	X		X	
BLINK	C.V.	#N-0			PROVIDE	x			5,000.	129,190.		X	X		X	
Total					•				\$					1		
Part III	Grants	s or As	sistar	nce Ber	efiting Inter	rested	d Per	sons.								
	Complet	te if the c	organiza	ation ansv	vered "Yes" on	Form 9	90, Pa	art IV, lin	e 27.							
(a) N	lame of inte	erested p	erson		(b) Relationship	betwe	en		Amount of	(d) Type	of) Purp		
					interested per		d	a	ssistance	assistanc	e			assista	ance	
					the organiz	ation										
								1								

SEE PART V FOR CONTINUATIONS

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

232131 11-01-22

Schedule L (Form 990) 2022

Schedule L (Form 990) 202

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Description of organization's person and the organization transaction transaction revenues? Yes No Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: BLINK #N-01.019 GNA (B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT DIRECTOR (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS (A) NAME OF PERSON: BLINK #N-01.022 VA (B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT DIRECTOR (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS (A) NAME OF PERSON: BLINK #N-01.023 VA (B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT DIRECTOR (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS (A) NAME OF PERSON: BLINK #N-01.024 VA (B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT DIRECTOR - LAURA DEVERE (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS Schedule L (Form 990) 2022

232132 11-01-22

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: BLINK #N-01.025 VA

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR - LAURA DEVERE

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BLINK C.V. B-08.003

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BLINK C.V. #B-08.007

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BLINK C.V. #N-01.003 COMACO

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BLINK C.V. #N-01.008 PO

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BLINK C.V. #N-01.009 VA

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT 232461 04-01-22 Schedule L (Form 990)

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(A) NAME OF PERSON: BRAKEMAN FAMILY TRUST - N-01.026 GNA

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 0. (F) BALANCE DUE \$ 450,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: DF IMPACT CAPITAL #A-08.021

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (F) BALANCE DUE \$ 100,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: DF IMPACT CAPITAL #X-01.04

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

232461 04-01-22

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (F) BALANCE DUE \$ 100,000.

Schedule L (Form 990)

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

- (I) WRITTEN AGREEMENT? = YES
- (A) NAME OF PERSON: ERIC MCCALLUM #A-08.029
- (B) RELATIONSHIP WITH ORGANIZATION: CURRENT DIRECTOR
- (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS
- (D) LOAN TO OR FROM ORGANIZATION? = TO
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 200,000. (F) BALANCE DUE \$ 200,000.
- (G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: GARY FORD #P-10.074

- (B) RELATIONSHIP WITH ORGANIZATION: CURRENT DIRECTOR
- (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS
- (D) LOAN TO OR FROM ORGANIZATION? = TO
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 250,000. (F) BALANCE DUE \$ 250,000.
- (G) LOAN IN DEFAULT? = NO
- (H) APPROVED BY BOARD OR COMMITTEE? = YES
- (I) WRITTEN AGREEMENT? = YES
- (A) NAME OF PERSON: ISENBERG FAMILY #X-01.02

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

- (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS
- (D) LOAN TO OR FROM ORGANIZATION? = TO
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 5,000,000. (F) BALANCE DUE \$ 5,000,000.
- (G) LOAN IN DEFAULT? = NO

232461 04-01-22

Schedule L (Form 990)

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF INTERESTED PERSON:

JEANETTE G. LEWIS TRUST JONATHAN C. LEWIS & - B-10.4 SGB

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY OF FOUNDER

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: JOHNATHAN C. LEWIS AND JEANETTE C. LEWIS TRUST

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY OF FOUNDER

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,000,000. (F) BALANCE DUE \$ 1,000,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: KUO SHARPER FOUNDATI - N-01.027 GNA

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

232461 04-01-22

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 0. (F) BALANCE DUE \$ 150,000.

Schedule L (Form 990)

15561101 146892 810612

2022.05000 MCE SOCIAL CAPITAL

 Part V
 Supplemental Information

 Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

- (I) WRITTEN AGREEMENT? = YES
- (A) NAME OF PERSON: MGR TRUST #A-08.025

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

- (C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS
- (D) LOAN TO OR FROM ORGANIZATION? = TO
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: SCOTT CSATTERWHITE #A-08.026

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,000,000. (F) BALANCE DUE \$ 1,000,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: SWIFT FOUNDATION #C-08.001

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 400,000. (F) BALANCE DUE \$ 400,000.

(G) LOAN IN DEFAULT? = NO

232461 04-01-22

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: THE LIBRA FOUNDATION #N-01.005 COMACO

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 250,000. (F) BALANCE DUE \$ 62,500.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: THE LIBRA FOUNDATION #X-01.01

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,000,000. (F) BALANCE DUE \$ 2,000,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: UMSIZI FUND - A-08.033

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A

SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

(G) LOAN IN DEFAULT? = NO

232461 04-01-22

Schedule L (Form 990)

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: UMSIZI FUND #B-08.009

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A

SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BLINK C.V. #B-08.007-2

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A CURRENT

DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 400,000. (F) BALANCE DUE \$ 400,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: UMSIZI FUND - X-01.07

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY BY A

SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

232461 04-01-22

Schedule L (Form 990)

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: 1999 KAREN KEATING #A-08.017

(B) RELATIONSHIP WITH ORGANIZATION: CURRENT DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 250,000. (F) BALANCE DUE \$ 250,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = NO

(I) WRITTEN AGREEMENT? = NO

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Schedule L (Form 990)

Schedule L (Form 990)

MCE SOCIAL CAPITAL Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: ALAN HOOPS #A-08.024

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: PROVIDE CAPITAL FOR MICROLOANS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 500,000. (F) BALANCE DUE \$ 500,000.

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 20 - 3154063

MCE SOCIAL CAPITAL

FORM 990, PART VI, SECTION A, LINE 2:

JAY DUNN (DIRECTOR) HAS A BUSINESS RELATIONSHIP WITH JIM CHU (DIRECTOR) AND

JIM DAVIDSON (DIRECTOR).

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

DRAFT OF THE FORM 990 IS PRESENTED TO MANAGEMENT FOR REVIEW. ONCE THE FORM 990 IS SUBMITTED TO THE MANAGEMENT HAS MADE ANY NECESSARY CHANGES, AUDIT COMMITTEE FOR APPROVAL. THE AUDIT COMMITTEE IS COMPRISED OF THREE MEMBERS OF THE BOARD OF DIRECTORS. IT IS ELECTED BY THE BOARD TO ASSIST THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES BY REVIEWING: THE FINANCIAL REPORTS AND OTHER FINANCIAL INFORMATION PROVIDED BY THE ORGANIZATION TO ANY GOVERNMENTAL BODY OR THE PUBLIC; THE ORGANIZATION'S SYSTEMS OF INTERNAL CONTROLS REGARDING FINANCE, ACCOUNTING, AND LEGAL COMPLIANCE THAT MANAGEMENT AND THE BOARD HAVE ESTABLISHED; AND THE CORPORATION'S AUDITING, ACCOUNTING AND FINANCIAL REPORTING PROCESSES IN GENERAL. A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING ELECTRONICALLY.

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

MCE HAS A WRITTEN CONFLICT OF INTEREST POLICY, WHICH IS POSTED ON ITS WEBSITE. ACCORDING TO THE POLICY, ALL MEMBERS, OFFICERS, COMMITTEE MEMBERS (INCLUDING ADVISORY MEMBERS), EMPLOYEES AND OTHER PERSONS DESIGNATED BY THE MEMBERS AS SUBJECT TO THE POLICY ARE REQUIRED TO REVIEW AND SIGN MCE'S CONFLICT OF INTEREST POLICY EACH YEAR. BOARD MEMBERS AND STAFF MEMBERS ARE REQUIRED TO SIGN THE STATEMENT AT THE BEGINNING OF EACH FISCAL YEAR. IF A POTENTIAL CONFLICT OF INTEREST IS DISCOVERED, THE INDIVIDUAL WITH 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	Employer identification number
MCE SOCIAL CAPITAL	20-3154063
CONFLICT SHALL NOT PARTICIPATE OR BE PERMITTED TO HEAR THE	MEMBERS '
DISCUSSIONS OR VOTE. IN ADDITION, THE MEMBERS SHALL DECIDE	BY MAJORITY VOTE
WHETHER OR NOT AN ACTUAL CONFLICT EXISTS. IF THE MEMBERS F	IND THAT A
CONFLICT OF INTEREST DOES EXIST, A DISINTERESTED PERSON WI	LL BE APPOINTED
TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION. T	HE MEMBERS WILL
THEN DETERMINE A REASONABLE SOLUTION.	

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

THE SALARIES OF MCE'S OFFICERS ARE SET BY THE CEO BASED ON COMPARABLE

SALARIES, EMPLOYEE QUALIFICATIONS, THE REQUIREMENTS OF THE POSITION, AND

PROFESSIONAL JUDGMENT. IN 2020, THE BOARD OF DIRECTORS FORMED A

COMPENSATION COMMITTEE TO SET THE SALARY FOR THE CEO, AND WILL CONTINUE TO

MANAGE THE SALARY OF THE CEO GOING FORWARD. THE SALARIES OF THE OTHER

OFFICERS WILL CONTINUE TO BE SET BY THE CEO BASED ON THE SAME STANDARDS AS PREVIOUSLY USED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, KY, MA, MD, MN, NC, NH, NJ, NY, OH, PA, UT, VA, WA

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE.

PART XII, LINE 2C

NO CHANGE FROM PRIOR PERIOD.

232212 10-28-22

Schedule O (Form 990) 2022

SCHEDU	LE R
/F 00/	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

20-3154063

Department of the Treasury Internal Revenue Service

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

Name of the organization

MCE SOCIAL CAPITAL

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MCE EMPOWERING SUSTAINABLE AGRICULTURE FUND					
LLC - 88-3971937, 5758 GEARY BLVD STE 261,					
SAN FRANCISCO, CA 94121	LOCAL COMMUNITY INVESTING	CALIFORNIA	٥.	٥.	MCE SOCIAL CAPITAL

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		3) o12(b)(13) olled ity?
				501(c)(3))		Yes	No
MCE SOCIAL CAPITAL STICHTING							
KEIZERSGRACHT 391 A 1016 EJ					MCE SOCIAL		
, AMSTERDAM, NETHERLANDS	REDUCE POVERTY	NETHERLANDS			CAPITAL	Х	
	-						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 MCE SOCIAL CAPITAL

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, income end-of-year allocation		f total Share of end-of-year assets Share of 20 of Schere				or Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	0
	-										
	-										
	-										
	-										
	4										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)						Yes	No

Schedule R (Form 990) 2022 MCE SOCIAL CAPITAL

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MCE SOCIAL CAPITAL STICHTING	с	65,880.	FMV
<u>(2)</u>			
(3)			
(4)			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2022 MCE SOCIAL CAPITAL

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22