

990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-

1150

2019

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: WIXARIKA RESEARCH CENTER. Address: 863 LEO WAY, OAKLAND, CA 946111964

D Employer identification number: 68-0475089. E Telephone number: (510) 420-1116. F Group Exemption Number

G Accounting Method: Cash [checked] Accrual [] Other (specify) []

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.WIXARIKA.ORG

J Tax-exempt status (check only one) 501(c)(3) [checked] 501(c) [] (insert no. 4947(a)(1) or 527)

K Form of organization: Corporation [checked] Trust [] Association [] Other []

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$148,799

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [checked]

Table with 3 columns: Line number, Description, and Amount. Includes Revenue lines 1-9. Total revenue: 148,799.

Table with 3 columns: Line number, Description, and Amount. Includes Expenses lines 10-17. Total expenses: 130,345.

Table with 3 columns: Line number, Description, and Amount. Includes Net Assets lines 18-21. Net assets at end of year: 88,293.

Part II Balance Sheets(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26,402	22 33,095
23 Land and buildings		23
24 Other assets (describe in Schedule O)	43,437	24 55,198
25 Total assets	69,839	25 88,293
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,839	27 88,293

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?

ADVOCACY FOR THE HUICHOL INDIANS IN MEXICO, AND PRESERVATION AND PROMOTION OF THE HUICHOL CULTURE AND ARTWORK.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 OUR MISSION AT THE WIXRIKA RESEARCH CENTER IS TO CONTINUE BUILDING A RICH ARCHIVE OF WIXRIKA HISTORY, CULTURE AND TERRITORY THAT HIGHLIGHTS THE BEAUTY AND IMPORTANCE OF WIXRIKA CULTURAL SURVIVAL, ALONGSIDE OUR CONTINUED SUPPORT OF SELECT INITIATIVES THAT STRENGTHEN WIXRIKA AUTONOMY. IN THIS LIGHT, AND GIVEN THE ENORMITY OF THREATS THAT CONTINUE TO AFFECT WIXRIKA LAND AND CULTURE, WE ARE HAPPY TO SHARE WITH YOU OUR ACTIVITIES DURING OUR 2019-2020 FISCAL YEAR. BY MAY 1ST, THE START OF OUR 2019 - 2020 FISCAL YEAR, ALL THE PRELIMINARY WORK FOR A MAJOR EXHIBIT IN GUADALAJARA AT THE MUSEO CABAAS AND A MAJORITY OF THE WORK FOR THE ACCOMPANYING CATALOGUE HAD BEEN COMPLETED. BY THE FIRST WEEK OF MAY, THE ARTWORKS FROM COLLECTIONS IN MASSACHUSETTS, VIRGINIA AND CALIFORNIA HAD BEEN CRATED AND WERE SHIPPED TO THE MUSEO CABAAS IN GUADALAJARA. OUR DIRECTOR, YVONNE NEGRN ARRIVED IN GUADALAJARA TO BE PRESENT FOR THE ARRIVAL OF THE COLLECTIONS AND TO HELP SUPERVISE THE CONDITION REPORTS. THE EXHIBIT, GRANDES MAESTROS DEL ARTE WIXRIKA, WAS CURATED BY DIANA NEGRN WHO WAS PRESENT FOR THE INSTALLATION OF THE EXHIBIT AND TO SUPERVISE THE DETAILS OF THE INAUGURATION. ON JUNE 20TH WE CELEBRATED THE INAUGURATION OF GRANDES MAESTROS DEL ARTE WIXRIKA, ACERVO NEGRN. THE INAUGURATION WAS ATTENDED BY MORE THAN 850 PEOPLE INCLUDING DOZENS OF WIXARITARI FROM ALL FIVE COMMUNITIES. SPEECHES WERE GIVEN BY SUSANA CHVEZ BRANDON THE GENERAL DIRECTOR OF THE MUSEO CABAAS, GIOVANA JASPERSEN GARCA, SECRETARY OF CULTURE FOR THE STATE OF JALISCO, XITAIMA LEMUS DE LA CRUZ THE LAST LIVING ARTIST WHOSE WORK WAS ON EXHIBIT, LIZBETH BONILLA, A YOUNG WIXRIKA WOMAN WHO WORKS FOR THE SECRETARY OF CULTURE, DIANA NEGRN, PRESIDENT OF THE BOARD OF DIRECTORS OF THE WIXRIKA RESEARCH CENTER AND YVONNE NEGRN, EXECUTIVE DIRECTOR OF THE WIXRIKA RESEARCH CENTER. THE EXHIBIT WAS SCHEDULED TO RUN FROM JUNE 20TH THROUGH OCTOBER 27TH OF 2019, BUT DUE TO ITS OVERWHELMING SUCCESS THE MUSEUM REQUESTED OUR APPROVAL TO EXTENDED THE EXHIBIT THROUGH JANUARY 12, 2020. DURING THOSE NEARLY 7 MONTHS THE EXHIBIT WAS ON DISPLAY, MORE THAN 65,000 PEOPLE FROM AROUND THE WORLD VISITED THE INSTALLATION. THE MUSEUM HELD WORKSHOPS ON WEAVING, MAKING GODS-EYES, AND YARN PAINTINGS, SHOWED A SERIES OF FILMS AND HELD A CONFERENCE SPEARHEADED BY CIESAS (ACADEMIC INSTITUTIONS) AND GUILLERMO DE LA PEA. IN JANUARY THE CATALOGUE, GRANDES MAESTROS DEL ARTE WIXRIKA, ACERVO NEGRN, WAS PRESENTED BY THE MUSEUM DIRECTOR AND THE SECRETARY OF CULTURE FOR JALISCO. THE EXHIBIT DID AN EXCELLENT JOB OF PROMOTING THE BEAUTY AND IMPORTANCE OF WIXRIKA CULTURE TO THE MEXICAN PEOPLE WHO SO OFTEN VIEW THE INDIGENOUS CULTURES AS INFERIOR TO THEIR OWN. THE TRI-LINGUAL CATALOGUE WAS THE FIRST BOOK OF THEIR ART TO EVER INCLUDE TEXTS IN THE WIXRIKA LANGUAGE AND FEATURES TWO ARTICLES WRITTEN BY YOUNG WIXRIKA SCHOLARS. IT WAS A PERFECT WAY TO CELEBRATE THE YEAR OF INDIGENOUS LANGUAGES AND TO RAISE AWARENESS OF THE BEAUTY AND VALUE OF WIXRIKA CULTURE IN THEIR HOMETLAND. IT WAS AN ENORMOUS HONOR TO BE INVITED TO FILL SEVEN ROOMS OF SUCH A PRESTIGIOUS MUSEUM WITH THE FINE ARTS AND PHOTOGRAPHS WE GATHERED TOGETHER FOR THE EXHIBIT. OUR MANY THANKS TO SUSANA BRANDON CHVEZ, DIRECTOR OF THE MUSEO CABAAS, FOR MAKING THE FUNDING AVAILABLE AND THANKS TO HER INCREDIBLE STAFF AT THE MUSEUM FOR ALL THE DESIGN WORK THAT WENT INTO CREATING THE SPACES FOR THE DIFFERENT ARTISTS. ALTHOUGH THE SHOW WAS SCHEDULED TO TRAVEL, DUE TO THE COVID-19 PANDEMIC THE MUSEUMS IN MEXICO WERE CLOSED FOR THE REMAINDER OF 2020. THE COLLECTIONS WERE UNABLE TO SHIP BACK TO THE STATES DUE TO THE TEMPORARY CLOSURE OF THE COMPANIES WHO HANDLE THE MOVEMENT OF ARTWORKS. AS A RESULT, THE EXHIBIT WAS STUCK IN STORAGE UNTIL THE BORDERS OPENED AND WE WERE ABLE TO SHIP THE ARTWORKS BACK TO THE UNITED STATES IN JULY 2020. WE WERE FORTUNATE TO HAVE DEEP TIES TO PEOPLE IN GUADALAJARA AND WERE ABLE TO STORE THE EXHIBIT FREE OF CHARGE BETWEEN LATE JANUARY AND JULY. THE ONLY EXPENSE WRC INCURRED DURING THOSE 6 MONTHS WAS THE COST OF KEEPING THE EXHIBIT INSURED UNTIL ALL THE ARTWORKS WERE RETURNED TO THEIR OWNERS. THERE IS STILL INTEREST TO HOST THE EXHIBIT AT THE ANTIGUA COLEGIO DE SAN ILDEFONSO OR THE MUSEO DE ARTE MODERNO IN MEXICO CITY IN 2021, PROVIDED THEY ARE ABLE TO SECURE THE FUNDING TO COVER THE COST OF INSURANCE AND SHIPPING THE EXHIBIT BACK TO MEXICO. ONCE AGAIN, THIS YEAR WE PARTICIPATED WITH THE INTERNATIONAL FRIENDSHIP CLUB AND THE ROTARY CLUB IN PUERTO VALLARTA TO GIVE FINANCIAL ASSISTANCE TO WIXRIKA UNIVERSITY STUDENTS TO HELP THEM WITH THE COST OF THEIR BOOKS, TRANSPORTATION AND HOUSING. IN MAY OF 2020 WE WILL CELEBRATE THE GRADUATION OF A YOUNG WIXRIKA WOMAN FROM LAW SCHOOL AND A YOUNG MAN WHO GRADUATED WITH A DEGREE IN ELECTROMECHANICAL ENGINEERING AND IN DECEMBER 2020, WE WILL BE CELEBRATING THE GRADUATION OF ANOTHER YOUNG WIXRIKA MAN WHO WILL GRADUATE FROM LAW SCHOOL. SUPPORT FOR THESE STUDENTS HAS BECOME CRUCIAL DURING THE PANDEMIC BECAUSE THEY ARE INCURRING ADDITIONAL EXPENSES SUCH AS PAYING FOR INTERNET ON A DAILY BASIS IN ORDER TO DO THEIR CLASSES ONLINE AND MANY WHO WORKED ONE OR TWO PART TIME JOBS AND ARE NOW COMPLETELY OUT OF WORK. THIS IS A PROGRAM THAT WE LOOK FORWARD TO EXPANDING IN THE COMING YEAR TO ACCOMMODATE MORE STUDENTS. ALTHOUGH MOST OF OUR 2019 - 2020 FISCAL YEAR WAS SPENT OVERSEEING THE EXHIBIT AND PRODUCTION OF THE CATALOGUE, WE ALSO CONTINUED TO WORK IMPROVING AND EXPANDING OUR ONLINE ARCHIVE WHICH IS DRAWING ATTENTION AND ADMIRATION FROM THE WIXRIKA PEOPLE AND OF SCHOLARS FROM AROUND THE WORLD. DURING THE PAST YEAR OUR AUDIENCE HAS GROWN AND WE CONTINUE TO BE INVITED TO PARTICIPATE IN INTERNATIONAL CONFERENCES. OUR ONLINE ARCHIVE REMAINS OPEN AND FREE TO THE PUBLIC AND WRC DOES NOT

28a

130,345

CHARGE MEMBERSHIP. WE WORK TO GENERATE FUNDING THROUGH OUR WEBSITE, APPEALS TO OUR GROUP ON FACEBOOK, THROUGH AMAZON SMILE, AND IN OUR NEWSLETTERS, PERSONAL COMMUNICATIONS AND THROUGH CATALOGUE AND OTHER SALES THROUGH OUR ONLINE STORE. EACH YEAR WE HOST AN EVENT TO RAISE FUNDS WHERE WE EDUCATE PEOPLE ABOUT THE HISTORICAL VALUE OF THE ARCHIVES WE ARE PUBLISHING FOR THE WIXRIKA PEOPLE AND THE PUBLIC AT LARGE, AND THE IMPORTANCE OF OUR WORK IN SUPPORT OF THE WIXRIKA PEOPLE AND THEIR CULTURE. UNFORTUNATELY, WE HAD TO CANCEL OUR PLANNED APRIL 2020 EVENT DUE TO THE COVID-19 PANDEMIC AND WILL HAVE TO RELY ON GENERATING INTEREST AND DONATIONS THROUGH OUR ONLINE ACTIVITIES AND OUR NEWSLETTERS UNTIL IT IS DEEMED SAFE TO ONCE AGAIN HOST IN PERSON EVENTS.

(Grants \$) If this amount includes foreign grants, check here . . .

29	29a
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	

30	30a
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	

31 Other program services (describe in Schedule O)	31a
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	

32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32
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130,345

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
YVONNE NEGRIN EXECUTIVE DI	65.00	54,000	3,421	
DIANA NEGRIN PRESIDENT	45.00	5,000		
MARIA E CRUZ BOARD MEMBER	2.00	0		
ANTHONY SOMKIN TREASURER	5.00	0		
DAVID TUSSMAN BOARD MEMBER	1.00	0		
STEPHEN ALDRICH BOARD MEMBER	4.00	0		
VANESSA SEQUEIRA-GARZA SECRETARY	2.00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed. CA
42a The organization's books are in care of YVONNE NEGRIN Telephone no. (510) 420-1116 Located at 863 LEO WAY OAKLAND, CA ZIP + 4 946111964
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

	Yes	No
47		No
48		No
49a		No
49b		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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

Sign Here	Signature of officer	2021-03-08
	YVONNE NEGRIN EXECUTIVE DIRECTOR	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name BETH ATTEBERY	Preparer's signature	Date 2021-03-15	Check <input type="checkbox"/> if self-employed	PTIN P01466121
	Firm's name	THE HENRY LEVY GROUP		Firm's EIN	
	Firm's address	5940 COLLEGE AVE STE F OAKLAND, CA 946181385		94-3194056	
				Phone no. (510) 652-1000	

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

2019

Open to Public Inspection

SCHEDULE A
(Form 990 or 990-EZ)

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.

Department of the Treasury

Internal Revenue Service
Name of the organization
WIXARIKA RESEARCH CENTER

Employer identification number

68-0475089

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	53,928	90,801	57,798	121,045	148,260	471,832
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	53,928	90,801	57,798	121,045	148,260	471,832
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)						355,562
6 Public support. Subtract line 5 from line 4.						116,270

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	53,928	90,801	57,798	121,045	148,260	471,832
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.)					72	72
11 Total support. Add lines 7 through 10						471,904
12 Gross receipts from related activities, etc. (see instructions)					12	467
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	24.640 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	52.850 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2018. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 in 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 in 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).		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | | |
|--|----------|--|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

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

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

(continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 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)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization
WIXARIKA RESEARCH CENTER

Employer identification number
68-0475089

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
WIXARIKA RESEARCH CENTER

Employer identification number
68-0475089

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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 WIXARIKA RESEARCH CENTER

Employer identification number
 68-0475089

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

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

Name of organization WIXARIKA RESEARCH CENTER	Employer identification number 68-0475089
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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 990-EZ.

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

Department of the Treasury

Name of the organization
WIXARIKA RESEARCH CENTER

Employer identification number

68-0475089

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	CREDIT CARD CASH REWARDS 72 TOTAL 72
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 593 COMPUTER 1,085 INTERNET 704 WEB HOSTING 1,247 WEBSITE 688 TRAVEL 19 TRAVEL-PROGRAM EXHIBIT 230 MEETING MEALS 43 BANK & CREDIT CARD FEES 373 DUES & SUBSCRIPTIONS 688 EXHIBITION PROJECT 38,916 GIFTS 248 MISCELLANEOUS 8 PROJECT-STUDENT ASSISTANC 1,328 REGISTRATION FEE 50 TELEPHONE 344 NON-INVESTMENT DEPRECIATION 2,667 TOTAL 49,231
FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 0 14,428 OTHER DEPRECIABLE ASSET 55,494 55,494 LESS ACCUMULATED DEPRECIATION 52,827 55,494 FILM MATERIALS 28,510 28,510 YARN PAINTINGS BY JOSE BENITEZ SANCH 12,260 12,260 TOTAL 43,437 55,198
FORM 990-EZ, PART III	ADVOCACY FOR THE HUICHOL INDIANS IN MEXICO, AND PRESERVATION AND PROMOTION OF THE HUICHOL CULTURE AND ARTWORK.
FORM 990-EZ, PART III, LINE 28	<p>OUR MISSION AT THE WIXRIKA RESEARCH CENTER IS TO CONTINUE BUILDING A RICH ARCHIVE OF WIXRIKA HISTORY, CULTURE AND TERRITORY THAT HIGHLIGHTS THE BEAUTY AND IMPORTANCE OF WIXRIKA CULTURAL SURVIVAL, ALONGSIDE OUR CONTINUED SUPPORT OF SELECT INITIATIVES THAT STRENGTHEN WIXRIKA AUTONOMY. IN THIS LIGHT, AND GIVEN THE ENORMITY OF THREATS THAT CONTINUE TO AFFECT WIXRIKA LAND AND CULTURE, WE ARE HAPPY TO SHARE WITH YOU OUR ACTIVITIES DURING OUR 2019-2020 FISCAL YEAR. BY MAY 1ST, THE START OF OUR 2019 - 2020 FISCAL YEAR, ALL THE PRELIMINARY WORK FOR A MAJOR EXHIBIT IN GUADALAJARA AT THE MUSEO CABAAS AND A MAJORITY OF THE WORK FOR THE ACCOMPANYING CATALOGUE HAD BEEN COMPLETED. BY THE FIRST WEEK OF MAY, THE ARTWORKS FROM COLLECTIONS IN MASSACHUSETTS, VIRGINIA AND CALIFORNIA HAD BEEN CRATED AND WERE SHIPPED TO THE MUSEO CABAAS IN GUADALAJARA. OUR DIRECTOR, YVONNE NEGRN ARRIVED IN GUADALAJARA TO BE PRESENT FOR THE ARRIVAL OF THE COLLECTIONS AND TO HELP SUPERVISE THE CONDITION REPORTS. THE EXHIBIT, GRANDES MAESTROS DEL ARTE WIXRIKA, WAS CURATED BY DIANA NEGRN WHO WAS PRESENT FOR THE INSTALLATION OF THE EXHIBIT AND TO SUPERVISE THE DETAILS OF THE INAUGURATION. ON JUNE 20TH WE CELEBRATED THE INAUGURATION OF GRANDES MAESTROS DEL ARTE WIXRIKA, ACERVO NEGRN. THE INAUGURATION WAS ATTENDED BY MORE THAN 850 PEOPLE INCLUDING DOZENS OF WIXARITARI FROM ALL FIVE COMMUNITIES. SPEECHES WERE GIVEN BY SUSANA CHVEZ BRANDON THE GENERAL DIRECTOR OF THE MUSEO CABAAS, GIOVANA JASPERSEN GARCA, SECRETARY OF CULTURE FOR THE STATE OF JALISCO, XITAIMA LEMUS DE LA CRUZ THE LAST LIVING ARTIST WHOSE WORK WAS ON EXHIBIT, LIZBETH BONILLA, A YOUNG WIXRIKA WOMAN WHO WORKS FOR THE SECRETARY OF CULTURE, DIANA NEGRN, PRESIDENT OF THE BOARD OF DIRECTORS OF THE WIXRIKA RESEARCH CENTER AND YVONNE NEGRN, EXECUTIVE DIRECTOR OF THE WIXRIKA RESEARCH CENTER. THE EXHIBIT WAS SCHEDULED TO RUN FROM JUNE 20TH THROUGH OCTOBER 27TH OF 2019, BUT DUE TO ITS OVERWHELMING SUCCESS THE MUSEUM REQUESTED OUR APPROVAL TO EXTENDED THE EXHIBIT THROUGH JANUARY 12, 2020. DURING THOSE NEARLY 7 MONTHS THE EXHIBIT WAS ON DISPLAY, MORE THAN 65,000 PEOPLE FROM AROUND THE WORLD VISITED THE INSTALLATION. THE MUSEUM HELD WORKSHOPS ON WEAVING, MAKING GODS-EYES, AND YARN PAINTINGS, SHOWED A SERIES OF FILMS AND HELD A CONFERENCE SPEARHEADED BY CIESAS (ACADEMIC INSTITUTIONS) AND GUILLERMO DE LA PEA. IN JANUARY THE CATALOGUE, GRANDES MAESTROS DEL ARTE WIXRIKA, ACERVO NEGRN, WAS PRESENTED BY THE MUSEUM DIRECTOR AND THE SECRETARY OF CULTURE FOR JALISCO. THE EXHIBIT DID AN EXCELLENT JOB OF PROMOTING THE BEAUTY AND IMPORTANCE OF WIXRIKA CULTURE TO THE MEXICAN PEOPLE WHO SO OFTEN VIEW THE INDIGENOUS CULTURES AS INFERIOR TO THEIR OWN. THE TRI-LINGUAL CATALOGUE WAS THE FIRST BOOK OF THEIR ART TO EVER INCLUDE TEXTS IN THE WIXRIKA LANGUAGE AND FEATURES TWO ARTICLES WRITTEN BY YOUNG WIXRIKA SCHOLARS. IT WAS A PERFECT WAY TO CELEBRATE THE YEAR OF INDIGENOUS LANGUAGES AND TO RAISE AWARENESS OF THE BEAUTY AND VALUE OF WIXRIKA CULTURE IN THEIR HOMETLAND. IT WAS AN ENORMOUS HONOR TO BE INVITED TO FILL SEVEN ROOMS OF SUCH A PRESTIGIOUS MUSEUM WITH THE FINE ARTS AND PHOTOGRAPHS WE GATHERED TOGETHER FOR THE EXHIBIT. OUR MANY THANKS TO SUSANA BRANDON CHVEZ, DIRECTOR OF THE MUSEO CABAAS, FOR MAKING THE FUNDING AVAILABLE AND THANKS TO HER INCREDIBLE STAFF AT THE MUSEUM FOR ALL THE DESIGN WORK THAT WENT INTO CREATING THE SPACES FOR THE DIFFERENT ARTISTS. ALTHOUGH THE SHOW WAS SCHEDULED TO TRAVEL, DUE TO THE COVID-19 PANDEMIC THE MUSEUMS IN MEXICO WERE CLOSED FOR THE REMAINDER OF 2020. THE COLLECTIONS WERE UNABLE TO SHIP BACK TO THE STATES DUE TO THE TEMPORARY CLOSURE OF THE COMPANIES WHO HANDLE THE MOVEMENT OF ARTWORKS. AS A RESULT, THE EXHIBIT WAS STUCK IN STORAGE UNTIL THE BORDERS OPENED AND WE WERE ABLE TO SHIP THE ARTWORKS BACK TO THE UNITED STATES IN JULY 2020. WE WERE FORTUNATE TO HAVE DEEP TIES TO PEOPLE IN GUADALAJARA AND WERE ABLE TO STORE THE EXHIBIT FREE OF CHARGE BETWEEN LATE JANUARY AND JULY. THE ONLY EXPENSE WRC INCURRED DURING THOSE 6 MONTHS WAS THE COST OF KEEPING THE EXHIBIT INSURED UNTIL ALL THE ARTWORKS WERE RETURNED TO THEIR OWNERS. THERE IS STILL INTEREST TO HOST THE EXHIBIT AT THE ANTIGUA COLEGIO DE SAN ILDEFONSO OR THE MUSEO DE ARTE MODERNO IN MEXICO CITY IN 2021, PROVIDED THEY ARE ABLE TO SECURE THE FUNDING TO COVER THE COST OF INSURANCE AND SHIPPING THE EXHIBIT BACK TO MEXICO. ONCE AGAIN, THIS YEAR WE PARTICIPATED WITH THE INTERNATIONAL FRIENDSHIP CLUB AND THE ROTARY CLUB IN PUERTO VALLARTA TO GIVE FINANCIAL ASSISTANCE TO WIXRIKA UNIVERSITY STUDENTS TO HELP THEM WITH THE COST OF THEIR BOOKS, TRANSPORTATION AND HOUSING. IN MAY OF 2020 WE WILL CELEBRATE THE GRADUATION OF A YOUNG WIXRIKA WOMAN FROM LAW SCHOOL AND A YOUNG MAN WHO GRADUATED WITH A DEGREE IN ELECTROMECHANICAL ENGINEERING AND IN DECEMBER 2020, WE WILL BE CELEBRATING THE GRADUATION OF ANOTHER YOUNG WIXRIKA MAN WHO WILL GRADUATE FROM LAW SCHOOL. SUPPORT FOR THESE STUDENTS HAS BECOME CRUCIAL DURING THE PANDEMIC BECAUSE THEY ARE INCURRING ADDITIONAL EXPENSES SUCH AS PAYING FOR INTERNET ON A DAILY BASIS IN ORDER TO DO THEIR CLASSES ONLINE AND MANY WHO WORKED ONE OR TWO PART TIME JOBS AND ARE NOW COMPLETELY OUT OF WORK. THIS IS A PROGRAM THAT WE LOOK FORWARD TO EXPANDING IN THE COMING YEAR TO ACCOMMODATE MORE STUDENTS. ALTHOUGH MOST OF OUR 2019 - 2020 FISCAL YEAR WAS SPENT OVERSEEING THE EXHIBIT AND PRODUCTION OF THE CATALOGUE, WE ALSO CONTINUED TO WORK IMPROVING AND EXPANDING OUR ONLINE ARCHIVE WHICH IS DRAWING ATTENTION AND ADMIRATION FROM THE WIXRIKA PEOPLE AND OF SCHOLARS FROM AROUND THE WORLD. DURING THE PAST YEAR OUR AUDIENCE HAS GROWN AND WE CONTINUE TO BE INVITED TO PARTICIPATE IN INTERNATIONAL CONFERENCES. OUR ONLINE ARCHIVE REMAINS OPEN AND FREE TO THE PUBLIC AND WRC DOES NOT CHARGE MEMBERSHIP. WE WORK TO GENERATE FUNDING THROUGH OUR WEBSITE, APPEALS TO OUR GROUP ON FACEBOOK, THROUGH AMAZON SMILE, AND IN OUR NEWSLETTERS, PERSONAL COMMUNICATIONS AND THROUGH CATALOGUE AND OTHER SALES THROUGH OUR ONLINE STORE. EACH YEAR WE HOST AN EVENT TO RAISE FUNDS WHERE WE EDUCATE PEOPLE ABOUT THE HISTORICAL VALUE OF THE ARCHIVES WE ARE PUBLISHING FOR THE WIXRIKA PEOPLE AND THE PUBLIC AT LARGE, AND THE IMPORTANCE OF OUR WORK IN SUPPORT OF THE WIXRIKA PEOPLE AND THEIR CULTURE. UNFORTUNATELY, WE HAD TO CANCEL OUR PLANNED APRIL 2020 EVENT DUE TO THE COVID-19 PANDEMIC AND WILL HAVE TO RELY ON GENERATING INTEREST AND DONATIONS THROUGH OUR ONLINE ACTIVITIES AND OUR NEWSLETTERS UNTIL IT IS DEEMED SAFE TO ONCE AGAIN HOST IN PERSON EVENTS.</p>

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